THE
MEDICAL AND SURGICAL REPORTER.

No. 1973. DECEMBER 29, 1894. Vol. LXXI—No. 26

ORIGINAL ARTICLES.

REMOVAL OF DISEASED APPENDAGES RESULTING FROM CLOSURE OF THE CERVIX—REPORT OF A CASE.*

THOS. LEIDY RHOADS, M.D., Boyertown, Pa.

It is a well-established fact with specialists engaged in this particular line of practice that disease of the uterine appendages is frequently traceable to minor gynecological procedures. Among the operations classified under this group, possibly none has been productive of so much harm as that of closure of the cervix for the cure of lacerations. In the majority of cases it is an unnecessary operation, and if imperfectly or carelessly done, on properly selected cases even, the ultimate outcome often proves an added mischief. The history of a case recently operated on by the writer for the removal of diseased appendages, the result, no doubt, of an Emmett operation on the cervix thirteen months previously, may be of interest in this connection.

The patient, aged thirty years, the wife of a banker, had always been healthy to the time of her first accouchement, six years ago. She is the mother of four children, the eldest six years of age. All her labors were of short duration, with speedy recoveries. In her first confinement she sustained a laceration of the cervix and an incomplete tear of the perineum, and for several years after complained of a dragging sensation in the pelvis. In May, 1893, she had the cervix and perineum repaired by a prominent Philadelphia gynecologist, and after several weeks she returned to her home in an improved condition, which lasted for several months. At the end of this brief probatory period an offensive discharge appeared, and she began to suffer from pains in both inguinal and hypogastric regions, shooting down the thighs, violent dysmenorrhœa and headache. She placed herself under the care of a physician of local repute in the treatment of gynecological ailments in a neighboring town, and went the rounds of boroglyceride tampons and applications to the cervix, her condition growing worse daily.

I first saw the patient on May 7, 1894. She was greatly emaciated, weighing only eighty-seven pounds. Her drawn features and anxious expression gave evidence of intense suffering. She had a retarded gait, her appetite was poor, bowels constipated. She suffered from alternating chills and flushes of heat, and complained of pains involving almost every portion of her body, her suffering being especially aggravated in the lower abdomen and pelvis. She could not stand, lie or sit with comfort.

On examination I found both ovaries enlarged to the size of small oranges, tubes tortuous, distended and very tender. Uterus in a state of metritis; cervix eroded and the site of a muco-purulent discharge.

With a view to better her condition she was placed on

* Read before the Berks County Medical Society December 11, 1894.

Ferri phosphatis	grs. ij
Quiniæ sulphatis	gr. j
Strychnia sulphatis	gr. 1-60

Three times daily and hot vaginal douches.

This treatment being continued for a month and her condition becoming more alarming, radical operation was decided upon. This was performed June 9, 1894. The patient received the usual preliminary treatment of baths, douches and purge the day before the operation. The next morning, assisted by Dr. J. M. Fisher and my father, Dr. T. J. B. Rhoads, the vagina was thoroughly scrubbed and douched and the uterus dilated and curetted to remove all the diseased endometrium, a strip of iodoform gauze being carried to the fundus for drainage. She was then placed in Trendelenburg's posture and an incision four inches long made through the linea alba. The intestines were found to be adherent to the uterus and ovaries and the adhesions were broken up. The elongated and distended tubes were inflamed and adherent, with the fimbriated extremities sealed, the ovaries enlarged and cystic, and attached to the left ovary was a small pedunculated fibroid. The appendages were raised through the abdominal incision, tied off with silk ligatures and removed. There was some oozing from the right stump, the ligature having cut through the friable diseased tissue, so a second transfixion ligature was applied which left a dry stump. I might say here incidentally, for inspecting the pelvic organs in these cases I use an abdominal retractor which I devised some time ago, and find it of great aid. It consists of a light U-shaped steel frame, on the upright arms of which slides a cross-bar with spring ends working in a ratchet. On this sliding cross-bar and the base of the U are movable retractors which, when the instrument is placed in position, hold it firmly and retract the wound to any desired extent. The instrument can be applied and removed in a few seconds, and takes the place of an assistant where light and room are necessary factors.

All oozing then being controlled the peritoneum was sponged dry, the omentum brought down to as near a physiological position as possible, and the abdomen was closed with a single row of silkworm-gut sutures, without previous douching or drainage. The wound was covered with an aristol-collodion gauze dressing consisting of a small aseptic gauze pad overlapping the stitch holes so that the collodion which sealed its edges would not come in direct contact with the line of suture. The patient was kept on her back twenty-four hours, then turned carefully on her side. Stitches were removed on the tenth day, the wound having healed nicely, and at the end of the fourth week the patient walked about her apartments. She has improved in health and spirits, takes long daily walks and is daily gaining in weight.

In this case, then, we have an instance where radical interference was necessary to undo the mischief done by a closure of the cervix. An effort had been made to relieve the patient of a minor ailment by this means, and a major operation was necessary to undo the evil wrought.

Closure of the cervix is an operation that is indicated in only a limited number of cases. A cervix laceration may generally be considered physiological (Parvin, "Science and Art of Obstetrics," p. 62, 1890), an exaggerated anterior and posterior lip, and will not often need attention. If serious hemorrhage results from the recent lesion a few stitches may be placed with advantage, but these cases are not so frequent as might at first sight appear. It is remarkable how quickly a tear of the cervix heals, providing the parts are kept clean. The scar tissue contracts so as to minimize the lesion, and the uterus accommodates itself to its new condition, no inconvenience resulting to the patient, even though the tear may have extended up the vaginal vault on either side. The scar thus formed is the normal result of nature's efforts to heal a raw surface, and there cannot follow from it *per se* the ill effects that have at various times been claimed. Where a condition of pelvic distress has arisen months after a protracted and complicated labor in which the cervix was ruptured, the cicatrix has been regarded to be the cause of the trouble, and unsuccessful attempts to cure the symptoms have been made by carefully dissecting out the cicatrix and uniting the denuded surface. The investigations of Boise (*Physician and Surgeon*, September, 1893), however, clearly show that a laceration uncomplicated by a pathological condition other than cicatricial tissue will not cause local symptoms, and other conditions must exist, possibly metritis or

displacement. Successful treatment must be directed against these abnormalities.

The cases of laceration of the cervix with erosion and eversion that are treated by denuding and closing the cervix fail in the majority of cases to cure the existing symptoms for the reason that primarily the laceration, secondarily the eversion and erosion, are considered to be the cause of the local symptoms and reflex disturbances, when in reality they are only the effects of a pathological condition further up the canal. When the condition within the canal is cured, the erosion at the neck and mouth of the canal will generally disappear under warm-water injections. Very likely the cases of eversion and erosion which are reported cured by the Emmett operation were those in which there existed at the same time marked subinvolution of the uterus. These cases can be benefited by the operation, and are practically the only ones where decided good can result.

There is a class of patients that present themselves with vague pelvic and general pains and a lacerated cervix, and operation is done, as it frequently is, merely for its cosmetic effect. These cases will not only experience no relief from their symptoms, but will be subject to the liability to various septic processes and, as is often the case, disastrous results. It may mark the onset of serious pelvic trouble, the injury resulting being due to one of three conditions or all combined.

1. Imperfect antisepsis; bacteria being carried directly to the denuded surface from instruments not made sterile or the hands and operation site not thoroughly cleansed.

2. A cervix operation is a surgical traumatism, and conditions therefore exist with a possibility for inflammation, toxemia and septicemia.

3. Mechanical obstruction. This point is clearly described by Montgomery ("Proceedings Philadelphia County Medical Society," vol. xi): "As a result of subinvolution of the mucous membrane we have an increased amount of secretion which, after narrowing of the cervical canal by the operation, is unable to escape freely. Consequently the uterus becomes dilated to a certain extent, and this favors more rapid extension into the Fallopian tubes and the development of serious trouble." The presence of germs in this state will quickly light up an inflammation, and previously healthy structures are transformed into a condition which, beginning with a cervicitis, has as its sequel pelvic abscess.

I had under my care several months ago from a near city a woman whose cervix was torn in labor two years previously. One-half year later Emmett's operation was performed and was followed by aggravated dysmenorrhœa. On examination I found a very small os. An endometritis had developed—the beginning of a process which might have eventuated in the conditions just named. The disease, however, was still limited to the uterus. She was etherized, and an attempt made to pass the smallest size Pratt's dilator failed. The cervix was then incised on each side, the canal dilated and curetted, with a drain of iodoform gauze. She made a satisfactory recovery and just missed the more serious consequences from the closure of the cervix.

When disease of the appendages already exists, operations on the cervix have a still more serious significance. It is very evident how the pelvic organs can be transformed into a violent inflammatory mass from a traumatism to the uterus under these conditions. Pus and peritonitis are the common results. Pepper ("System of Medicine," vol. iv) refers to the dangers of operation under these circumstances, and gynecologists are constantly called upon to do operations attended with no small amount of risk, in order to save the lives of patients suffering from advanced pelvic disease aggravated by cervical operations. Price ("Proceedings Philadelphia County Medical Society," vol. xi) in an earnest paper counsels more conservatism in dealing with the cervix, and Emmett ("Surgery of the Cervix," 1869) himself, the originator of the operation, finds occasion to say in reference to the subject that his ingenuity is oftener taxed to repair the damages inflicted by means used to afford relief than from the result of disease uncomplicated.

I desire, then, to present the following points for discussion by the society:

1. Laceration of the cervix is rarely productive of serious symptoms and seldom requires operation.

2. Emmett's operation if done on improperly selected cases is not alone barren of good results, but often aggravates existing diseased conditions and not infrequently is the exciting cause of pathological processes in previously healthy structures.

SENILE ENLARGEMENT OF THE PROSTATE—NOTES OF A CASE IN PRACTICE.

JOHN W. S. McCULLOUGH, M.D., ALLISTON, ONT.

On the 29th of September, 1890, I was called to meet two medical men in consultation on a gentleman, a farmer in easy circumstances aged sixty-one years. He gave the following history: During a month or two he had been troubled with undue frequency in passing urine, especially at night, having to rise three or four times from his bed for that purpose. Two days previous to my visit he had been engaged in threshing, had caught cold, and on getting up at midnight of the 27th was unable to pass his urine, which was causing him considerable uneasiness. A medical man was sent for, but not being able to come at once sent some opium powders, and next morning finding his patient unimproved tried to pass a catheter but failed. The patient succeeded during the day in passing a few drams of urine, but not improving any, another medical man was called. Catheterization was again tried, but failed to attain the desired result. The next day on my arrival I found the patient in severe pain, with the bladder distended and with a temperature of 102° F., pulse feeble and beating 120. The medical attendants told me they had made several endeavors to pass a catheter, but failed, and in fact were ordered to desist by the patient on account of the pain and distress they caused him. Their efforts were, I do not doubt, persistent enough, for the urethral canal was discharging blood. They had made a diagnosis of stricture.

I found (per rectum) the prostate much enlarged, and in consultation dissented from the diagnosis made. Neither of the doctors would agree, nor would the patient, with my opinion that the bladder was engorged with urine. They were doubtless deceived by the fact that the patient was passing a small quantity of urine frequently, as evidenced by the angry words of the patient: "Don't tell me my bladder is full when I'm passing water every few minutes." I explained that this was due to an overflow and that pain and distress were due to distention, but it was with very great difficulty that I succeeded in inducing him to allow me try to pass a catheter, and only after promising to desist if I hurt him. I tried a No. 7 English and then a No. 3 English. I failed with both.

I had with me several catheters overcurved on stylets in the manner advised by Sir Henry Thompson, of the University College Hospital, London, and I determined to give them a faithful trial. First I gave the patient ¼ gr. morphia sulph. hypodermically; then put him in a sitz-bath at 105° F. for 35 minutes. I then tried to pass one of my over-curved catheters (without stylet, of course) and succeeded without any difficulty in getting it into the bladder. By this means I was enabled to withdraw (which I did gradually) about forty ounces of very inodorous urine, much to my own and the patient's satisfaction. I washed out the bladder with a weak solution of acid. boric. and left directions for the urine to be withdrawn every three hours. The patient was given a dose of cascara and ordered

Liq. potassæ.....	ää m xv
Tr. hyosc.....	
Syr. zingib.....	q. s.

Every four hours.

Next morning I was called again. The urine had been allowed to accumulate for longer than three hours and defied the efforts of the attendant to pass the catheter. I had recourse to the hot bath again and soon overcame the difficulty.

Three days later there was the same trouble, but on this occasion I was able to pass a French coudée without assistance of the bath. Then I instructed patient in the use of the instrument and left him a supply, one of which he occasionally uses. He has had the best of health during the last four years and bids fair to live to a ripe old age.

THE corset has figures to show—
Despite what the doctors may say—
That while fashions may come and may go,
It is certainly with us to "stay."

A PRACTICAL STUDY OF SERIOUS ABDOMINAL CONTUSIONS, WITH A CLINICAL REPORT OF TWENTY-ONE CASES.*

THOMAS H. MANLY, M.D., NEW YORK.

[CONTINUED FROM PAGE 862.]

REPORT OF CASES.

CASE I.—Contusion of abdomen and fractured ribs in a pregnant female. History: Annie N., aged 40; married; admitted to hospital June 25, 1891, by ambulance.

Patient was hanging out clothes, holding the line while she leaned over the window-sill on the fourth story, when the line broke and she fell, striking on the stone flags below. On examination, fracture of the ninth, tenth and eleventh ribs was discovered and the right lumbar region was severely contused. She was at this time eight months pregnant. On admission, in great shock, she complained of intense pain over the right kidney. The whole abdomen was exquisitely sensitive. Placental and fœtal heart sounds distinct on auscultation. Unable to urinate; some nausea.

Withdrew six ounces of urine, which was densely saturated with blood. There was a large bulging tumefaction just anterior to the right kidney which was suggestive of extravasation of blood or urine. As soon as she entered the hospital restoratives were administered and a firm binder applied.

Great prostration; no paralysis and no cerebral complication.

On second day after admission she had fairly reacted. Temperature, 101.5° F.; pulse, 110; respirations rather shallow.

Remained about the same, passing large quantities of blood with the urine. On the evening of the twenty-eighth day she was taken with severe labor pains. At 1 A.M., twenty-ninth, she was delivered with the aid of the forceps of a dead male child. Delivery easy and without accident.

Everything went well until the evening of the following day, the thirtieth, when collapse suddenly set in and she sank at 7.40. A post-mortem examination was denied.

This case derives its peculiar interest from the physiological condition of the patient at the time the traumatism was sustained. Although physical evidence proved that the infant was not killed outright, it finally succumbed from the great exsanguination which its mother endured through an extensive laceration of the kidney and secondary shock.

Experience teaches us that when labor sets in at advanced term after great bodily injury, the danger to life is great.

From a medico-legal standpoint an important question might arise here as to whether it could be proved that the death of the child could be traced to the injury when, as in this case, its body bore no evidence of trauma.

There was all the more reason for the question to arise in this case, as the house surgeon saw fit to expedite labor with the forceps. The renal lesion here was well pronounced, for there was evidently a through-and through rent, inasmuch as blood flowed off in large quantities through the pelvis and out of the urethra. Besides, the extravasate into the retroperitoneal tissues was voluminous.

It was my opinion that renal exsanguination led directly to the death of mother and child.

CASE II.—Contusion by fall. History: Patient aged 20; bricklayer; married; admitted to hospital February 26, 1890, by ambulance. Diagnosis: Contusion of abdomen, fracture of right ilium and pubis.

Patient while walking on scaffolding made a misstep and fell four stories (about fifty feet), striking his abdomen and pelvis on the right side. Immediately sent to hospital. On admission, in great shock, deathly pale; limbs and body deeply cyanotic. Stimulants freely plied and heat applied to the extremities. As reaction set in violent projectile vomiting commenced, but no blood was ejected. As rupture of the bladder was suspected it was distended with ten ounces, but this returned without any blood tinge. The integuments over the hip were deeply ecchymotic and a linear fracture was discovered running vertically through the

*Read at the annual meeting of the New York State Medical Association, October 10, 1894.

ilium, between the anterior superior and inferior spines, besides another through the center of the horizontal ramus of the pubis on the right side. The right inguinal region was full and evidently distended by a large intraperitoneal effusion of blood. The pelvis was firmly fixed by a strong binder and steadied by sand-bags. Opium freely given for the first four days. Moderate tympanites with hyperæsthesia of surface. Had to be catheterized for one week. Bowels opened by a clyster on the fifth day.

Recovery rapid, and patient returned home March 29th, with instructions to continue use of strong binder for the next three months.

The case was one in which the body itself was the moving agent which, in its rebound as it came in contact with the earth, suffered damage over the hypogastrium and the pelvic bones. The skeleton evidently scattered the momentum of impact at the expense of its continuity.

There was no loss of blood beyond that into the iliac fossa nor serious injury of any internal organs.

Case III.—Compressive contusion. History: Miles J.; driver; married; aged thirty-nine years; admitted December 15, 1889, by ambulance. Diagnosis: Contusion of back and abdomen; traumatic peritonitis.

Patient was driving a cart loaded with brownstone in a stone-yard three days before admission, when he was thrown off forward and the wheel of one side passed over the abdomen.

No great pain was experienced at the time, but two days later it commenced and he was sent to the hospital.

When admitted he was placed in the medical ward, as it was supposed that he had simple traumatic peritonitis. His condition rapidly improved after he had been placed on treatment, and after the second day he was up about the ward, feeling much improved. On the 22d, however, seven days after admission, pain again set in with great severity; rise of temperature, great weakness and rapid distention of the abdomen, making respiration quicker, more labored and painful.

On physical examination of the abdomen it was evident that there was a large liquid accumulation, but what its precise character was it was impossible to determine by any special symptom.

To determine this an exploratory needle was passed in over the right flank. On its withdrawal it was evident that the material consisted of bile.

Now diagnosis of rupture of the gall-bladder was made, when the case was transferred from the medical to the surgical division for further treatment. At this time his general condition was very bad, and the extent of abdominal distention was so great as to render breathing extremely difficult.

An operation was now undertaken with a view of draining away the fluid and, if the patient's condition permitted, endeavor to close the rent in the gall-bladder. An oblique incision was made on the right of the median line along the slope of the floating ribs. Through this 732 ounces of bile escaped, or 5¼ gallons.

He almost at once went into mortal shock after the peritoneum was opened, dying on the evening of the 25th, eight hours after operation.

Autopsy.—The following day autopsy was made. General peritonitis, with deep bronzing of all the viscera.

A perforation about one line in length was found in the posterior wall of the common bile-duct. It was of a linear direction. In the immediate vicinity of the erosion there were evidences of previous adhesive inflammation having formed, which subsequently gave way, permitting a leakage into the cavity of the general peritoneum.

This was a case of compressive contusion and belonged to that consecutive type of rupture of the viscera which may succeed at various periods after the original injury is sustained. Here we note steady improvement for the first week under constitutional medication. Adhesive inflammation had begun to wall off the site of the contusion and of leakage in the choloduct. But he was imprudently permitted to leave his bed too soon, and in some sudden commotion of the body the adhesions were broken and the peritoneum became infected. From the side of diagnosis and treatment the case furnishes us with many important speculations and suggestions. It accentuated the well-known difficulties in diagnosis and prognosis so characteristic of traumatic intraperitoneal lesions, for in the beginning it was supposed to be so benign a case that recovery was almost a certainty. A laparotomy at an earlier

stage after admission of this case could have availed nothing; on the contrary, it no doubt would have been promptly followed by a fatal termination.

In this class of cases we should observe Hinton's dogma of rest of an injured organ, and in all cases of hepatic traumatisms we should endeavor, as far as possible, to diminish the physiological functions of the liver. This can be accomplished by permitting nothing to enter the stomach except small quantities of water, alimentation being maintained entirely by the rectum, until we are assured that reparative processes are complete.

CASE IV.—Contusion by a fall; death of fœtus; hemorrhage; peritonitis; laparotomy. History: Patient 28 years old; a female. Diagnosis: Acute traumatic peritonitis. Mrs. M., married six months. For five months prior to accident menstruation ceased. The breasts had become fuller and the abdomen enlarged. Besides, she had morning nausea and for some time had noticed swelling of her ankles.

On the afternoon of June 12, 1889, patient, while crossing on some planks over an excavation in the sidewalk, was injured severely over the abdomen by one of the planks rolling from under her feet. She came down with great force on the abdomen. Some workmen near by who saw her fall came to her assistance and lifted her out of the trench into which she had fallen.

She was in great pain, but would not have an ambulance called. After resting about an hour and having had some stimulants, she walked home—about a quarter of a mile. In the night she had severe abdominal pains and sent for a physician. He ordered sedatives, and the next day, though she could not leave her bed, she felt much relieved. But late in the night violent pain set in, and the abdomen became greatly distended. She became steadily worse until the fourth day, when she had a flow from the vagina which gave her some relief. The next day worse than ever, when the physician was changed. He was so alarmed at her condition that he immediately gave an unfavorable prognosis and recommended a consultation, when I was invited in.

I found a woman with all the symptoms of advanced acute peritonitis. On examination of the abdomen under chloroform, a large mass was made out to the left of the median line, rather above the iliac fossa. It had a hard, resistant feel, and was altogether too large for a pelvic abscess, besides being out of its radius. Over on the right side, anterior to the kidney, was another fullness, which, however, was very freely movable, and of such a puzzling outline and conformation that I could scarcely venture a guess of what it was. Having hurriedly run over in my mind the various lesions here seen after traumatism, and remembering that the woman gave a history of pregnancy, it occurred to me that possibly this was a case of extra-uterine pregnancy. In any event I advised that a section of the abdomen be made at the earliest moment. The next morning with assistance I opened the abdominal cavity. The large mass on the right side was found to be a vast effusion of coagulated blood, at the bottom of which was a placental growth imbedded in the broad ligament. From this a cord extended across the peritoneum to the right side, under the kidney. Here a five months' fœtus was found lying in the free peritoneal cavity. The placenta was detached and the peritoneal cavity well irrigated. Recovery ensued, though convalescence was tedious.

The above case was one of a unique and extraordinary character. Her large vaginal hemorrhage on the second day after injury, together with the presence of a deciduous membrane, deceived the first medical attendant, as it indicated an abortion. Although at time of operation her condition was most unpropitious, yet with a temperature of 104° and a pulse of 138 she promptly rallied and made an excellent recovery.

In this woman's singular case, in which it is very probable that, though paradoxical as it may seem, an accident which endangered her life led to its preservation from a pathological condition certain to follow, there were no traces of discoloration of integument over the seat of injury.

CASE V.—Percussive contusion; rupture of ureter; moderate peritonitis. History: Patient male; married; forty-one years old. This case came under my care eight years ago, in the spring of 1886. Patient was a derrick-man. While swinging blasted rocks on to a wagon he accidentally got in the way of a large moving bowlder and was violently struck over the

right antero-lateral zone of the abdomen, immediately below and to the right of the umbilicus. He was knocked down and for nearly an hour was unable to rise. But after a while, when he had taken freely of hot whisky, he got up and went home unaided. The next day he was seen by me. Now, although the entire abdomen was sensitive, the most intense pain was in the right lumbar region. His urine, which was passed with great difficulty, was at first very bloody; constitutional disturbance was not marked and no great pain except on movement of the body. He was suffering from moderate traumatic peritonitis and a general bruising of the abdomen. After ten days in bed he made a good recovery, except for a swelling which appeared as soon as he took his feet. This was lodged in the right lumbar region. It was about the size of a small cocoanut, fluctuated and was moderately compressible. As there was now no rise of temperature it was evident that it was not an abscess. Its anterior integumental covering was deeply ecchymosed.

An exploratory needle was passed in, when it was found that the collection was urine. A large aspirating needle, with a vacuum attachment, was then sent in and eleven ounces of urine withdrawn. On the third day following it was again aspirated and nine ounces withdrawn. It but moderately filled again, and in a little while the tumor gradually commenced to diminish in volume and sensitiveness. In a little while longer it had wholly disappeared. In order to positively determine the nature of the aspirated fluid, a chemical analysis was made of it and it was proved to contain nothing but the elements of the normal urine. This case was remarkable as illustrating how the deeply lodged ureters may suffer severe contusion or laceration while the more superficial organs escape. It besides demonstrated how little constitutional disturbance attends the extravasate of healthy urine when it is uncontaminated and effectively encysted.

Case VI.—Compressive abdominal contusion. History: Patient a child nine years old; male; admitted to hospital August 16, 1884. Diagnosis: Abdominal contusion with internal hemorrhage.

Patient climbed on to a vender's heavily loaded coal wagon, when the horse suddenly started and he fell forward, both wheels passing over the abdomen. Those who saw the accident supposed that the boy was killed. He was unable to rise and groaned from pain in the abdomen.

When brought to the hospital he was in great pain and almost pulseless; extremities cool and of a deathly pallor; vomited blood-stained fluid and complained of much pain in the region of the bladder. About one ounce of limpid urine was drawn off, and on test of the bladder it was found that there was no rupture. Moderate doses of opium were given and local applications employed. Reaction slow. The following morning abdomen tympanitic and extremely sensitive; unable to retain anything in the stomach and thirst was intense.

On the fourth day after entrance temperature, which had run high, was nearly normal, the bowels opened, and he passed with stool a large quantity of blackened, partly digested blood. From this time improvement was steady and he left the hospital in good form September 20th.

Hemorrhage is always badly borne in growing children when its quantity is large. In this case the greatest immediate danger arose from this source.

There had evidently been a considerable loss both within the lumen of the bowel and into the peritoneal cavity.

It seemed almost inconceivable that a cart carrying more than a ton of coal could pass over this boy's body without doing great destruction to the viscera within. Yet he survived it, and at no time after injury was there any discoloration of the abdominal integument.

A sharp attack of peritonitis followed, but, as is usual with most cases of this malady in non-penetrating abdominal injuries, it underwent favorable resolution.

Case VII.—Contusion of the abdomen by percussion. History: Patient aged twenty-nine; married; female; housekeeper; admitted July 7, 1893. Diagnosis: Contusion of abdomen with fracture of the tenth and eleventh ribs on right side.

This woman was seriously injured, as a great many are every year in this city, by the breaking of a clothes-line while hanging out clothes through a window at a considerable elevation from the ground. When the line which she held broke she went out of the window and fell three stories to the ground, striking in transit on her abdomen across a fence.

When she entered hospital was in profound shock, though rational. Muscles of the abdomen tense and physical evidence of free hemorrhage into the peritoneal cavity.

Abdominal pain extreme and great distress over the liver on any motion of the body. Fracture of tenth and eleventh ribs, but no displacement nor crepitation.

Pulse extremely rapid and feeble. Morphine had to be given in large and frequent doses to alleviate abdominal pain. No blood in the urine, but there was a free discharge of it from the vagina.

She constantly complained of most agonizing distress over the umbilicus. Frequently vomiting a greenish watery fluid with no blood. Reaction had fairly set in the following day; she had all the symptoms of peritonitis. Examination *per vaginam* revealed a state of pelvic cellulitis.

Alimentation entirely by the rectum for the first five days. Abdominal meteorism great and respiration sighing and shallow. By the sixth day the temperature had reached 104.6°; pulse, 134; respiration, 38.

After this date improvement commenced and continued uninterruptedly until her recovery. She left the hospital September 26th.

In this case a fearless operator might have opened the abdomen for exploratory purposes, but with the shock she was in it would have been indeed a bold step, and even should she survive it it would have accomplished no good. It would have left a weak abdominal wall with a tendency to ventral hernia, a deplorable condition for a working, child-bearing woman.

Here there was presumably laceration of the liver, with every probability of a rupture of the intestine, which was evidently sealed by an agglutinative peritonitis. Her vaginal hemorrhage was of uterine origin, produced by direct injury to this organ.

The tympanites in this case was so great and prolonged that had it occurred in the male it would probably have ended mortally by paralysis of the diaphragm; but in the female, where respiration is chiefly costal, an enormous abdominal distention can be endured with impunity. Besides, there can be no question but that women bear peritonitis and its resulting pain with much greater prospects of recovery than do men.

Opium in large and frequent doses was our sheet anchor in this case.

CASE VIII.—Compressive contusion; the body supine. History: Patient, William H.; eighteen years of age; single; admitted to hospital April 23, 1891, by ambulance. Diagnosis: Contusion of abdomen; internal hemorrhage; traumatic peritonitis; rupture of bowel.

On the evening of April 23d patient, who was an epileptic, was seized with a fit on Third Avenue. In order to try and save himself from falling he rushed into the street and seized the front wheel of a heavily loaded express wagon; was drawn under and run over by it. He was immediately brought into hospital by the ambulance. On admission he was in great shock and constantly groaned with pain.

No external evidence of contusion was found. Complained of great pain in abdomen and desire to urinate, but could not. Catheter evacuated six ounces of very bloody urine. Pulse and respiration rapid and feeble. Vomiting set in soon after entrance; ejecta bilious but containing no blood.

Treatment.—Hot applications and stimulants, with enough narcotics to subdue pain. Temperature, 97.2°; pulse, 110; respiration, 26.

April 24th. 6 A.M., temperature, 97.6°; pulse, 102; respiration, 24. 6 P.M., temperature, 97.4°; pulse, 100; respiration, 22.

April 25th. 6 A.M., temperature, 100.6°; pulse, 116; respiration, 22. 6 P.M., temperature, 99.5°; pulse, 120; respiration, 22. Pulse weak and thready; tympanites well marked; fed freely per enemata with egg nog and milk-punch. The slightest bodily movement or coughing aggravated his distress; urine still bloody, but less so than on the first day.

April 26th. Temperature, 99.8°; pulse, 120; respiration, 28.

April 27th. Temperature, 101.6°; pulse, 110; respiration, 28.

April 28th. Temperature, 104.4°; pulse, 120; respiration, 22.

April 29th. Temperature, 101.3°; pulse, 120; respiration, 24.

April 30th. Temperature, 102.4°; pulse, 104; respiration, 24.

May 1st. Temperature, 99°; pulse, 112; respiration, 24.

May 2d. Temperature, 104°; pulse, 120; respiration, 25. On this date patient was freely sponged with alcohol, and afterward temperature fell to 101.2°. General peritonitis now well developed.

May 3d. Temperature, 102°; pulse, 100; respiration, 26. Patient now begins to show signs of lobar pneumonia. A large hot jacket poultice now applied, which extended from the pubes to clavicle, and frequently renewed.

May 4th. Temperature, 102.6°; pulse, 100; respiration, 26.

May 5th. Temperature, 102°; pulse, 130; respiration, 40. Now stimulated and nourished by the mouth.

May 6th. Temperature, 102.6°; pulse, 112; respiration, 32. Patient's general condition was very much improved. Bowels spontaneously opened to-day for the first time; breathing much easier and sleep returning.

Was steadily improving, and on May 13th temperature, 98.6°; pulse, 109; respiration, 27.

May 11th. Patient had an epileptic convulsion.

May 14th. Temperature, 101½°; pulse, 110; respiration, 20.

May 20th. Temperature, 100.6°; pulse, 120; poultices discontinued.

May 21st. Temperature, 104°; pulse, 110; respiration, 24.

May 22d. Temperature, 100°; pulse, 90; respiration, 19.

May 24th. Pulse and respiration normal. Patient rapidly convalescing.

May 30th. Patient discharged cured.

The above case was one attended with several serious complications. First, the injury to the renal tissues; second, internal hemorrhage; third, probable rupture of the intestine; fourth, general peritonitis, besides lobar pneumonia, presumably from injury to the lung.

In this case, as with the previous two, the viscera were crushed against the vertebral column. The extent of shock was considerable, and yet, with all the proof we had of serious internal injury of the abdomen and thoracic viscera, there was nothing to indicate it on the abdominal walls. Recovery under these circumstances emphasizes what nature will accomplish in this class of cases without resort to heroic surgical intervention, and that traumatic peritonitis, even of a very aggravated type, if appropriately treated may do well without incision or drainage.

Case IX.—Direct contusion and compression; peritonitis; rupture of thoracic duct. History: Patient thirty-five years old; married; male; admitted to hospital July 3, 1893. Patient when alighting from a street-car was violently struck by the pole of a brewery wagon, was knocked down and run over by the hind wheel. An ambulance was called and patient was sent to hospital. Patient in much shock. There was an abrasion over the right iliac crest anteriorly. Complained of great pain in the lower abdomen; unable to urinate, though he had a constant desire to; urine withdrawn and bladder tested for rupture.

On third day temperature had reached 100°, pulse 86 and respiration 32; pain not so severe; appetite much improved, but is steadily losing strength.

On July 10th a large mass was detected in the right flank, which fluctuated on palpation; flat on percussion. It evidently was lodged behind the peritoneum and displaced the intestine forward and inward.

It was at first supposed to be a hæmatoma, but on penetration with hypodermic needle was found to be pure chyle

On July 15th a free incision was made into the tumor and a little more than seventeen ounces evacuated of a thin milky fluid. It was of sweetish odor, slightly saline taste and resembling very much human milk. On chemical and microscopical analysis it was found to be chyle.

For the first three days about eight ounces a day escaped through the puncture and was secured.

On the 18th and 19th about two ounces escaped each day. From this time the quantity gradually diminished until the 21st, when it quite ceased. Specific gravity of fluid varied in different days and various hours of the same day, always flowing more plentifully after taking nourishment; general strength improved after lactocele dried up; had painful vesical trouble for some time after, though by October 21st he had recovered sufficiently to return to his home.

This case was highly interesting from various considerations. The injury was produced by a compound force, first the blow of the carriage-pole, and, secondly, the weight of the passing loaded beer-wagon. There are reasons to believe

that the former struck the hypogastrium with great force, doing damage to the thoracic duct by crushing it against the body of the second lumbar vertebra, on which it rests; and, secondly, that all the viscera, especially the bladder, suffered by the compressing force of the vehicle.

Traumatic lesions of the thoracic duct from concussive violence are exceedingly rare. In this instance its rupture evidently was secondary to contusion. The escaping fluid made its way through the retroperitoneal tissues, finally gravitating into the iliac fossa. By rest in bed the rent apparently closed of itself, when the salutary effects on nutritive processes were distinctly marked.

CASE X.—Compressive contusion; shock; hemorrhage and rupture of intestine. History: P. K., aged 34; married; male; admitted to hospital June 24, 1893. Diagnosis: Contusion of abdomen with internal hemorrhage.

Patient was a middle-sized man, a driver of a cart in the Department of Street Cleaning. On the morning of above date, as he was hurriedly urging his horse up the "run" to dump his load of street garbage in a scow below, a rival driver collided with his cart, throwing him off, when the wheel of one side rolled over his body as he lay on his back. He was unable to rise unaided.

An ambulance was summoned. When he entered the hospital he was in great collapse; some vomiting of blood with great pain over the umbilicus. Warm applications to cold extremities; internal stimulation and narcotics. Pulse extremely small and rapid; temperature subnormal.

From the extreme pallor it was supposed that he had a large internal hemorrhage, yet there were wanting the physical signs of it.

June 25th. Seemed somewhat better in the morning, but toward noon pain set in again with greater severity than ever, with incessant vomiting; abdomen now ballooned up and exquisitely sensitive; collapse deepening; moribund state approaching. Died on this day at 2.40 P.M.

Autopsy. — Twenty-four hours after death the body was examined. Now there were two well marked ecchymotic spots visible, one over the anterior superior spine ilium on right side, and one further down over a space in about the middle of Poupart's ligament. On opening the serous cavity a large effusion of blood was discovered between the omental apron and Cooper's fascia.

On dividing the omentum it was seen that there had been a rupture through the jejunum in about its center. The opening was about three centimeters in length and looked as though it had been produced by a direct laceration. Particles of digestive aliment were found mixed with a large serous effusion. No evidence of serious damage to the other adjacent organs. This was a case which, had its precise character been understood, might have been treated by laparotomy with reasonable success.

It is true that he was in great shock for some hours after admission, and the free hæmatemesis which he had on admission greatly exsanguinated him, yet probably we could scarcely hope for a more desirable case to test it on than this was.

I must confess that when I saw him the morning after injury there were no desperate symptoms present, and it seemed to me that the case was by no means without hope. But one of the house staff ventured to suggest that there might be intestinal rupture. It was then suggested to the patient that a laparotomy might become imperative if worse symptoms should set in. This, however, he would not permit under any circumstances.

The mortal termination was as sudden as it was unexpected, but it was entirely in keeping with the alarming rapidity of serious changes so often witnessed after peritoneal traumatisms.

CASE XI.—Direct contusion of abdomen; peritonitis and rupture of jejunum. History: Patient aged twenty-three; single; male; admitted to hospital June 23, 1893. Diagnosis (primary): Severe contusion of abdomen. Patient was an operator on what is known as a circular ripsaw in a lumber yard. While feeding the saw, as he pressed a piece of lumber which had a knot in it, it splintered as the blade of the saw struck it, when a large piece rebounded and hit him a blow, as he said, on the pit of the stomach. He was felled by the blow, and remained unconscious some minutes before he was able to breathe.

Now the abdominal pain was very great and he was unable to rise. An ambulance

was called and he was brought into the hospital. Was in great shock on entrance.

June 24th. Vomited nearly everything he swallowed; considerable thirst, tympanitic abdomen and apparent peritonitis. Morphine freely administered hypodermically. Bowels constipated.

June 25th. Is growing steadily weaker and fails to respond to stimulants. Vomiting returned in an uncontrollable form. Collapse set in early in the evening and he died at midnight.

Autopsy.—The next afternoon the abdomen was opened. The peritoneal cavity was filled with blood and fluid of a fæcal character. General peritonitis. In about the center of the jejunum a rupture was discovered which extended about halfway through the intestinal coil; a dark, worm-eaten margin marked the site of perforation. The intestinal lumen for some distance beyond the point of injury was distended with blood, coagulated.

This case was a typical one of injury by percussive or contusive violence. The man was first hit with great force over a limited area, crowding the intestine against the spinal column and probably severely contusing the intestinal walls, probably splitting the internal tunics so seriously as to devitalize the part and favor speedy gangrene. In this case not the least visible trace of external violence could be seen and no rupture of muscle followed.

The first phase of serious abdominal injury was great shock, probably from contusion of the solar plexus and the heart, by concussion being transmitted through the diaphragm. Secondly, as reaction set in, hemorrhage into the intestine through laceration of its inner coats, and hemorrhage into the cavity of the peritoneum through injury to the vessels in the mesentery.

The last and fatal phase was consecutive gangrene of the bowel's wall, fæcal escape and fulminant peritonitis.

Case XII.—Contusion of abdomen by crushing. History: Patient forty-six years old; married; male; admitted to hospital June 17, 1894. Diagnosis: Contusion of abdomen, fracture of pelvis and internal hemorrhage.

This man was injured by being knocked down in the street by horses and then crushed under the hind wheel of a brewer's wagon which at the time was loaded with barrels of beer. The wheel in some unexplained manner came between the legs, passing up over the horizontal ramus of the pubes, the iliac fossa and the right lumbar region, the edge grazing the border of the integument over the floating ribs. He was immediately raised and transported to hospital; on admission in mortal collapse, the pulse barely countable and fast failing at the wrist.

He was perfectly rational and said he had no pain, but he knew his end was near and called for a priest.

On a superficial examination it was found that there was an extensive fracture through the pubic ramus and the iliac plate; the pelvis was filled with blood, which in the flanks produced large fluctuating projections; the bladder was empty and there were no signs of rupture; stimulation was not responded to and he rapidly sank two hours after admission.

In all cases of serious crushes of the lower abdomen complicated with fracture of the pelvic bones the resulting lesions are generally mortal. This is because the great blood-trunks or hollow viscera are either torn open by the sharp spiculæ or edges of fracture, or else lacerated, by the crushing force brought on them, against the sharp borders of the pelvic brim or some part of the linea-ileo-pectineal line. The man's death was plainly caused by shock and internal hemorrhage.

An autopsy was denied.

Case XIII.—Contusion of abdomen (percussive). History: Patient aged 42; single; male, admitted May 8, 1894. Diagnosis: Abdominal contusion with rupture of the spleen and internal hemorrhage.

Patient was a sailor who on the morning of entrance to hospital fell into the hold of the ship, striking on his left side over the sharp edge of a cask. He was lifted up in great collapse and sent to the hospital. Six hours after injury he was seen by me. At this time the abdomen was distended by a fluid accumulation and was extremely sensitive over the spleen, where he complained of most intense pain. There was no abrasion or discoloration of the integument over the abdomen. The pulse was exceedingly feeble. He was deathly pale, though the extremities were warm.

As this case seemed one in which a laparotomy might be borne with compara-

tive safety and there were unmistakable evidences of hemorrhage, after consultation with my colleague, Dr. Chas. B. White, and with his acquiescence, it was undertaken.

The patient took ether badly and struggled as he went under anæsthesia. His pulse seemed rather firmer when anæsthesia was complete.

Operation.—An incision was made to the left of the rectus muscle in an oblique direction outward and downward about four inches long. On puncturing the peritoneum, bright red blood spurted through.

Now hastily extending the incision and passing in the index and middle fingers, the spleen was reached. It was found badly lacerated, one fissure extending vertically upward, nearly cutting it in two. The organ was now carefully drawn into the incision, when its hilum was seized and the artery and vein being ligated separately with strong silk, the spleen was cut away. The peritoneal cavity was filled with blood. Before this could be removed by sponging mortal symptoms suddenly set in, breathing became irregular and shallow and he became pulseless. Time was barely permitted to close the incision with suture when he was dead.

The appalling suddenness of death here was startling in one who but a few moments before was in possession of all his faculties. Every possible care had been taken to provide against shock. The operating-room had been well heated, there was no peripheral loss of blood, and the time in operating occupied but a few minutes, as I was ably assisted by Dr. White and the house staff of four physicians. But the torrent of blood that came through when the peritoneum was opened, the sudden displacement of the large escape of it by the sponge and exposure of the peritoneum were too much for him.

Perhaps a laparotomy under these circumstances might seem a questionable procedure, yet it was in accordance with sound principles in surgery, for it seemed the only course open to the permanent and definite arrest of hemorrhage. My regrets in this case were that I touched him with a scalpel or forced my unfortunate patient into an ether coma, for it is my conviction that his chances of recovery were quite within the range of possibility if he had been allowed simple rest with an abundance of refrigerant drinks and stimulants. Nature's ways of arresting hemorrhage in the young and healthy are marvelous. Within the peritoneum the more blood escapes the greater is the pressure over the site of bleeding, mutilated tissue. The blood irritates the endothelial layer of the peritoneum and thereby provokes the abdominal muscles into rigid contraction, and hence we have an augmentation of intra-abdominal pressure. But by opening the abdomen nature's best efforts were thwarted and the only means by which life might have been spared may be rudely frustrated.

[TO BE CONTINUED.]

Etiology of Rheumatism.

One of the most commonly observed symptoms of a tired-out sympathetic system is disturbance of the digestive function, which is presided over by that system of nerves. The most common form of indigestion under these circumstances is the fermentative or acid. Hence the process is simple, the ingested food enters the stomach, where, owing to abnormal conditions, instead of exciting a physiological congestion of that organ and a properly increased flow of gastric juice, owing to the impaired condition of the sympathetic nerves, this does not occur, and as a consequence the food, instead of being digested, ferments, generating gas and lactic acid, the gas to be expelled and the acid to be absorbed with whatever peptones may result from the attempt at digestion, and the circulating fluid, the tissues and excretions of the body become vitiated by it, *i. e.*, the blood becomes less alkaline and the secretions less alkaline, or acid, producing the state of body most favorable for the accumulation of uric acid in its tissues. In this manner the way is paved from irritation of sympathetic nerve terminals to an excess of uric acid in the system, which constitutes with its attendant and resulting symptoms lithemia, and composes the necessary congeries of conditions the next step in advance of which, the proper exciting causes being added, is acute articular rheumatism.

A GREAT SPECULATION.—The price of Koch's new lymph is one dollar a dose. Further comment is unnecessary.

COMMUNICATIONS.

REMOVAL OF BOTH TESTICLES FOR CHRONIC HYPERTROPHY OF PROSTATE.*

J. D. THOMAS, M.D., PITTSBURG, PA.

I report the following case of double castration for enlarged prostate and chronic cystitis.

C. C., aged sixty years; German; by occupation a nurse; was sent into the South Side Hospital by Dr. J. E. T. Martin, under whose care he had been, on August 4, 1894, for operation. This was done on the following day. Patient has never had a venereal disease; he has a double hernia. About ten years ago he began to notice that he was urinating oftener than usual, and that he was obliged to get up during the night. This trouble grew worse year after year, until at present he is obliged to urinate every half-hour during the day and eight or ten times during the night. When he is urinating he is obliged to get upon his knees and succeeds in emptying his bladder by drops. This straining causes prolapsus of the rectum. The pain is so intense that the whole household is disturbed by his groans. Has been taking paregoric, on his own responsibility, to relieve this pain. In the past has resorted to the catheter, as his occupation made him familiar with its use; but the pain eventually became so intense with its use that he abandoned it. On examination of the urine it was found to be neutral and contained a large amount of pus; the patient described it as looking like thick buttermilk. Residual urine two ounces. The soft catheter passed without much difficulty, suggesting thereby that there was very little, if any, median hypertrophy. Examination by the rectum revealed both lobes of the prostate markedly but uniformly enlarged.

The choice of operation was left with the patient. As his virile powers had been lost for several years he chose double castration, which, with the assistance of Drs. O'Conner, Martin and others, I did as stated above. The patient remained in the hospital for five weeks, and during this time his bladder was thoroughly treated by Dr. Martin. Before the operation and for some weeks after his physical condition was very bad, but a perceptible improvement in the urinating function was noticeable in a few days, and this improvement has continued right along to the present, although he has had no medical treatment now for some weeks. He can at present retain his urine during the day for from two to six hours and during the night for two hours. Urination now causes very little pain; the urine is voided promptly and in a good stream. The urine still contains at times some flakes, but the patient states that there are other times when it is quite clear. By rectal examination a diminution in the size of the prostatic hypertrophy is patent to the finger. My impression is that his greatest discomfort at present comes from his double hernia. The patient and his family feel grateful for the marked improvement that has taken place since the operation.

I report this case as the operation resorted to is a comparatively new one for the cure of chronic hypertrophy of the prostate body. In this country I believe that Dr. J. William White, of Philadelphia, is the most ardent exponent of this operation. His experiments, as well as those of others, have demonstrated that in the dog the removal of the testicles is followed by atrophy of the prostate. Raum (*Therapeutic Gazette*) reports two cases "in which cystitis persisted, and which disappeared like magic after the removal of the testicles. The hypertrophy of the prostate decreased immediately." In my case the cystitis did not disappear "like magic," neither did the hypertrophy decrease "immediately," but the improve-

*Read before the Allegheny County Medical Society November 20, 1894.

ment took place gradually, continuously and satisfactorily.

During the month of August last I removed both testicles for tubercular disease. I reported this case in full to the society in August and again referred to it in September, although sufficient time had not elapsed to make an absolute prognosis. I sent for this patient last night and examined his prostate. It is much diminished in size, and the results are all that could be desired. In an editorial in the *Journal of the American Medical Association* this matter was recently taken up and a number of cases mentioned in California, in Philadelphia and elsewhere; but the report of this society was not recognized. Evidently the editor of the *Journal of the American Medical Association* does not read many medical journals.

NEPHRECTOMY FOR SARCOMA OF THE KIDNEY IN A CHILD TWENTY-FIVE MONTHS OLD.*

X. O. WERDER, M.D., PITTSBURG, PA.

Freda D., aged twenty-five months, has always been a healthy baby and is of healthy parentage. About three months ago Dr. E. S. Riggs, having been consulted about a small umbilical hernia, detected a growth in the left hypochondriac region somewhat larger than an egg. Since then it has been growing rapidly to its present size. The child has not seemed to suffer from the pressure of this growth, though lately she has been more irritable. Appetite has always been good, bowels regular, no symptoms of any disturbance of the urinary organs. Absence of hæmaturia. The child is plump and of healthy appearance, though her mother thinks that there has been some slight emaciation noticeable recently.

Physical examination reveals a large, somewhat elastic tumor occupying the left abdominal cavity, extending from the ribs to the crest of the ilium, and downward into the left iliac fossa, to within about an inch of the umbilicus and filling out the left lumbar region. The tumor is not sensitive to touch and is slightly movable in an antero-posterior direction.

Diagnosis of malignant tumor of the left kidney was made and nephrectomy proposed. Though a guarded prognosis was given as to the result of the operation and the possible return of the disease both by myself and the attending physician, Dr. Riggs, the parents consented to have an operation, which was performed August 29, 1894, at the Mercy Hospital.

Incision in the left linea semilunaris about six inches in length, which subsequently had to be enlarged to about eight inches, being very careful to avoid all hemorrhage. The tumor having been exposed, the peritoneum over it was incised, the very thin, fatty capsule surrounding it opened and rapidly peeled off, and the tumor lifted from its bed along with the kidney, which was behind and continuous with it. Pedicle ligated at the hilum of the kidney, including all its structures; several bleeding points ligated; cavity carefully sponged out and closed without sutures, and the abdominal wound united with silkworm-gut sutures without drainage.

The child stood the operation, which lasted from forty to forty-five minutes, remarkably well; during the whole operation certainly less than an ounce of blood was lost, as very careful hæmostasis was observed. There was no vomiting following the operation; pulse, after operation, 124; temperature next day up to 102°; but after that it varied from normal to 100° Urinated spontaneously about two hours after the operation, and passed about ten ounces first night. Exact amount could not be estimated, as it was usually voided in bed. The child was discharged from the hospital well on the fifteenth day.

Pathological condition: Tumor irregular in shape; nodular growths at either end; attached to the anterior surface of the kidney, directly continuous with its structure, but only involving about one-third of the organ. Section showed interior growth to be soft, containing brain-like substance, in one portion beginning to

* Read before the Allegheny County Medical Society, November 20, 1894.

break down. Weight of tumor 2½ pounds; kidney not involved by growth, normal.

A microscopical examination, made by my assistant, Dr. F. Gibson, showed the growth to be a rhabdo-myosarcoma.

The case is interesting, especially for the reason that it demonstrates how well the youngest child will bear the most serious operations.

I saw the child a few weeks ago, when it was a picture of health, having gained considerable flesh since the operation.

TRANSLATIONS.

THERAPEUTICAL SUGGESTIONS FROM FOREIGN JOURNALS.*

TREATMENT OF MENINGITIS.

Dr. Melbec (*Revista Clinica e Terapeutica*, No. 10, 1894) in the treatment of acute meningitis advises avoidance of all excitement and emotions and rest in a well-ventilated and darkened room. Shave the patient's head and apply continuously an ice-bag. Each morning and evening administer a powder of the following formula:

Muriate quinine.....	0	30	grs. ivss
Benzo-naphthol.....	0	50	grs. viij

Sufficient for ten powders.

In case the restlessness be very intense order a soupspoonful of the following:

Bromide strontium.....	2	0	grs. xxx
Chloral	4	0	ʒj
Sirup opium.....	20	0	ʒv
Sirup hyoscyamus.....	40	0	ʒj ʒij
Wintergreen water.....	60	0	ʒij

Every two days give in the morning a powder containing

Calomel.....	0	50	grs. vijss

Let the diet consist of milk and broths.

Twice a day give a teaspoonful of the following:

Ext. cinchona..... }	āā 5	0	ʒj¼
Ext. kola..... }			
Sirup orange peel.....	150	0	ʒivss

In the tuberculous form one may frequently prevent the disease by forbidding the mother to nurse her child or that it be nursed by a tuberculous wet-nurse. Raise such children in the country and at the same time give them a teaspoonful of cod-liver oil daily. Each morning rub their bodies with cold water to which a little alcohol has been added. Develop the body by appropriate physical exercise and do not allow such children to commence their studies too early. Every day inject hypodermically, according to the age of the patient, one to two ccms. (gtts. xv–xxx) of the following:

Guaiacol ..... }	āā 5	0	ʒj¼
Eucalyptol..... }			
Iodoform	1	0	grs. xv
Sterilized olive oil.....	100	0	ʒiij ʒj

Every day administer in a little milk a powder of the following formula:

Calomel.....	1	0	grs. xv
Powdered sugar.....	2	0	grs. xxx

Sufficient for ten powders.

Counteract the restlessness, the cries and convulsions by ordering to be given every half-hour until quiet follows a teaspoonful of the following:

Bromide strontium.....	1	0	grs. xv
Chloral	0	50	grs. vijss
Sirup valerian.....	20	0	ʒv
Sirup peppermint.....	60	0	ʒij

An exclusive milk diet. The vomiting attacks may be prevented by increasing the dose of the bromide.

*In chage of the translator, F. H. Pritchard, M.D.

"MRS. BLINKS is quite ambitious to be considered a well-informed woman, isn't she?" Mrs. Banks—Yes, indeed; she is leaving nothing undone to get herself elected president of the sewing society. —*Chicago Inter-Ocean.*

ANCIENT COQUETTE—What, you are a major already? How time flies! Do you remember how often you used to play with me when I was a little girl? Major —That was my father. A. C.—Oh, no. Major—Then 'twas my grandfather.— *Fliegende Blaetter.*

"Do you believe that contentment is better than riches?" "Perhaps so, if you have them both together."—*Chicago Inter-Ocean.*

THE MEDICAL AND SURGICAL REPORTER

ISSUED EVERY SATURDAY

Address all communications to P. O. Box 843, Philadelphia, Pa.

HAROLD H. KYNETT, A.M., M.D.
Editor.

PENFIELD PUBLISHING COMPANY
Publishers.

Editorial Offices, 1026 Arch Street, Philadelphia, Pa.

Entered as second-class matter at Asbury Park, N. J.

TERMS:—Three Dollars a year in advance. Sent four months on trial for $1.00.

REMITTANCES should be made payable only to the Publishers, and should be made by Money Order or Registered Letter.

NOTICE TO CONTRIBUTORS:—We are always glad to receive articles of value to the profession, and when used they will be paid for, or reprints supplied, as the author may elect. Where reprints are desired, writers are requested to make a note of that fact on the first page of the MS. It is well for contributors to inclose stamps for postage, that the articles may be returned if not found available.

SATURDAY, DECEMBER 29, 1894.

EDITORIAL.

A BALANCE SHEET.

The current number completes the seventy-first volume of THE MEDICAL AND SURGICAL REPORTER and ends the forty-second year of its consecutive publication.

1894 will be notable in the records of science as a medical year. The remarkable development of surgery during the few years past has obscured to a considerable degree the progress of medical research. The dazzling reports of brilliant results aroused a furor for operating which amounted to an indiscriminate crazè. As experience dispels the fanciful, sound judgment discerns the fact from the factitious and, the ebullition of gas subsiding, reveals what is of genuine value and abiding usefulness. Modern surgery can accomplish wonders, but it is now settled that laparotomy is not essential for the relief of acute indigestion, nor is trephining indicated for globus hystericus. As an *applied* science modern surgery is more than ever an art requiring masterly skill and scrupulous training.

Although there have been occasional proclamations of great operative inventions or of revolutionary "modifications" or improvements, as a rule such procedures have proved merely the sky-rockets of surgical pyrotechnics, whose brilliancy vanished long before their explosion was evidenced by report, and professional attention has been diverted to the equally important if less conspicuous field of scientific medicine.

In hygiene and public health measures, protective and preventive, advances are evident.

Independent of business enterprise, and sometimes in spite of it, there has been progress in the province of therapeutics. Of the multitude of new remedies clamorous for trial and subjected to test, some have proved useful, some useless, the majority remaining on trial.

"Of the making of books there is no end," thanks to the prevision of generous publishers, and the literary crop of the

year contains some wheat among the tares. A few works have been issued in special lines whose value justifies their existence. For pronounced excellence, general utility and widest application, Dr. Gould's new medical dictionary deserves specific mention among the publications of 1894.

Most notable, however, is the prominence obtained by the applications of inductive medicine—inductive, if treatment based upon premises deduced from the observations of experimental researches conducted in the laboratory and upon the lower animals may be called inductive. In this new departure bacteriology has ruled supreme.

Bacteriology has developed with marvelous rapidity, and for a recent comer has been allowed undue importance. It did not spring into existence a full-fledged science. Its development is in truth but an enlargement of its field of work and an increase of its store of accumulated observations. As yet its data are barely sufficient for working hypotheses. Beyond establishing facts of unknown relevancy, it has proved nothing save by inference. Thus far it has not been able to demonstrate beyond very reasonable doubt the truth of its cardinal dogma, the microbic origin of disease. It has shown enough to admit of the general acceptance of the germ theory as a matter of conviction. But conviction is not proof in a scientific sense.

However incompetent to dictate, bacteriology has been of incalculable value to medical science. It has thrown light on obscure conditions; it has secured the solution of difficult problems; it has suggested possibilities heretofore undreamed and it has inspired determination to realize the possible.

To-day the entire world is anxiously awaiting the decision of medical science as to the value of the latest product of bacteriology, the antitoxine treatment of diphtheria. Unfortunately the reports of this treatment are so uniformly and enthusiastically favorable as to arouse grave suspicion of reliability. It will be well to observe the results of the procedure in the hands of American practitioners and in this country, before selling all possessions and sending the cash abroad to secure this alleged pearl of great price. Tuberculin bubbles are very costly, both in money and in self-respect. Moreover, what the new treatment may have of genuine utility will have been demonstrated by European experience by the time properly prepared serum is available for general use here.

Other novelties of undetermined value have been presented for professional assay, among them the "animal extracts" and nuclein therapy.

Medical associations have flourished with increasing vigor, and the most valuable contributions to medical literature lie scattered throughout society "transactions."

The balance sheet will show a year of much profit to medical science.

For Ringworm.

Iodine has been found to be one of the most effective agents for destroying the parasite upon which this disease depends. An excellent method of applying it is the following: Thoroughly cleanse the scalp with soap and water. Dry perfectly, then apply a solution of one part of pure iodine in thirty parts of flexible collodion. Renew the application each day for four days. At the end of fifteen days remove the collodion, wash the scalp first with soap and water, then, after thoroughly removing the soap, wash with a hot solution of bichloride of mercury, one-twenty-five-hundreth. After allowing the bichloride solution to remain in contact with the scalp for half an hour, wash with pure water, dry, and apply vaseline or zinc ointment. If necessary, repeat the application.—*Mod. Med.*

YOUNG HUSBAND—Amy, what makes that baby yell in that way? Young Wife—His teeth, dear. Young Husband—Oh, if that's all, I'll run for a dentist and have them pulled out.—*Boston Home Journal.*

ABSTRACTS.

A CASE THAT OUGHT TO HAVE BEEN ONE OF RAILWAY SPINE.

The subject of "railway spine," or "injuries of the cord and its envelopes without fracture to the spine," has been of such intense interest of late to the railway surgeon that much of the time allotted to one convention of railway surgeons has been devoted to this subject and its discussion. So much has been said pro and con that one is sometimes in doubt if such a disease really exists, and in some cases, in order to produce the disease after the injury, supposed or real, has been received, it is necessary that "suggestion" should be brought into requisition, and in the absence of this suggestion the disease often fails to materialize even after quite severe injuries. The most atrocious experiments to establish the true nature or condition of so-called railway spine, or to establish the fact that such a disease does or does not exist, have recently been practiced on dogs and other dumb animals, the recital of which makes the blood of the Berghites run cold at the excessive cruelty of the means employed in the experimentation; but as yet nothing seems to have been definitely settled, either as to the nature of the disease, real or imaginary, or as to the treatment of this condition. It seems, however, that the one word "suggestion" is needed to give shape and form to this disease, no matter what the injury may have been in the first instance. Webster says of suggestion: "It is a hint, a first intimation, proposal, or mention;" second, "a presentation of an idea to the mind, as the suggestion of fancy or imagination;" third, "insinuation, secret notification or incitement;" fourth, in law, "information without oath." Hence we see the nature of suggestion and are able to determine in some measure the effect it may have on the mind. Now as nearly, if not quite, all these cases of "railway spine" occur near large towns or cities, or among those who live in them, it is safe to suppose that those developing them have received from the wiseacres and interested persons the necessary suggestion that they are so badly injured that they must certainly be paralyzed or that they will be permanently damaged, and they can get a snug sum out of the company if they will only bring suit on that ground; and if no counter-suggestion is offered that would annul the suggestion the suit is often successful, and the railway company frequently unjustly mulcted out of a large sum of money to settle the so-called damages.

Illustrating this subject, a case with the detail of circumstances will be given, which occurred in the practice of the writer about two years since, a case that certainly ought to have been one of railway spine, and as it is one so well suited for the illustration of this as well as of another subject which has engagad the attention of railway surgeons, viz., of the power which whisky seems to have to prevent shock, it is here given as being of double interest.

Bert M., a high-toned tramp of local reputation, having already "a good jag on," started out in quest of another "load," which he expected to get in the adjoining town, and took the railway track as his highway. He had not gone far, however, before the load he was already carrying became too heavy for him. It being Sunday, a day of rest, he laid him down to sleep on the railroad track, and being very drunk his sleep was profound. For further description of the incidents as they occurred I cannot perhaps do better than to quote from a letter I received from a railway official who was an eye-witness to the occurrence and was riding on the engine at the time:

"Dear Sir: Replying to your favor of —— date relative to our engine on the Devil's Lake special striking Bert M. on September 11, 1892, I have to say that the train was running about forty miles per hour when Engineer William C. discovered a dark object laying on the track at a wagon-road crossing, which he supposed to be a dog until he got close to it, when he discovered that it was a man lying down with his legs at right angles with the track and his body parallel and on top of the rail. He was lying on his left side with the lower part of his body toward the on-coming train. The 'pilot' being low struck him square on

the rump, knocking him clear off the track into the ditch, his only injury appearing to be a badly skinned face, caused by sliding on the gravel after being struck. He was very drunk and did not move when the engineer sounded the whistle. He had to be helped on the train, which was done without difficulty. He was quite peaceable, except swearing at the engineer for waking him up and making such a noise. On our arrival at Tecumseh he had sobered up sufficiently to get off the train and walk into the depot without assistance. The train was running at the rate of about ten miles an hour when it struck him." Here is a case of a man being struck in the back or, as the narrator terms it, on the rump, by a ponderous locomotive and train running at the rate of ten miles per hour, throwing him into the ditch like a cow or hog, but being braced up with very liberal libations of whisky, shock seemed to have been prevented. He was seen by the writer within an hour after the accident, but not until some one had given him the suggestion that he would probably be paralyzed and that he ought to sue the company for damages. On examination it was found that the face was badly skinned on the left side and over and about the left eye, also that the back was badly bruised over the dorsal and lumbar vertebræ. He complained of numbness in both legs and feet, and it seemed difficult for him to stand or walk. Full doses of ergot were prescribed for him, and an occasional dose of bromide of potassium. He was sent to his home, four stations distant, the same afternoon, with instructions to follow up his treatment as long as his medicine lasted and to apply frequently along the back a lotion of arnica and whisky, which was given him, the arnica being added to prevent him from drinking the whisky and the rubbing to keep him active and his mind engaged. In about a week the writer received a letter from this patient, offering to "whack up" and divide the profits if he could get assistance from this source to help him win his suit. He was at once informed by letter that the company was in no way responsible for his injuries and that it was very certain he could never gain anything from the company by suit, and that the very best thing he could do would be to "brace up" and get well just as quickly as he could.

Here was the counter-suggestion, which had its effect, for the man made a rapid recovery and was perfectly well in ten days, although claiming that he was completely paralyzed at the time his letter was written asking for assistance to "go in" with him and sue the company for damages. Upon careful investigation only a few weeks since it was ascertained that he has remained perfectly well ever since. The only treatment employed in this case was as before stated.

It is not urged that cases of railway spine do not exist or that serious and fatal injuries do not often occur involving the spine, but it is believed that cases of so-called "railway spine" are far more frequent than they should be, resulting from the class of injuries that are said to produce them, *i.e.*, concussion or succussion of the cord occurring in collisons and derailments without any bruising or crushing injury, and that very many of these cases are of malingering, which may often be cured by a counter-suggestion from the surgeon and but very little simple treatment, and it is proper for surgeons to be on their guard for just such cases.

To go into a minute description of the anatomy of the spinal cord or of the pathological conditions that may exist in cases of so-called "railway spine" is not within the scope of this paper. It is believed, however, that if the surgeon will offer the counter-suggestion with sufficient firmness many cases of traumatic neurosis that now come under our care would be avoided, with great relief to the surgeon, the patient and the railway companies.—*Dr. Woodward in Railway Age.*

Chloroform Nausea.

With regard to chloroform nausea, too little regard is paid to prophylaxis. In the case of sea-sickness nothing is so important as treatment of the stomach before the voyage; and nothing will prevent chloroform sickness like careful dieting and some compound rhubarb powder during the three days preceding operation. In emergency cases washing out the stomach before operation would be most useful. To treat the nausea, absolutely nothing by the mouth, except perhaps a few drops of acidulated ice-cold water to relieve the dryness of the mouth itself, and copious, faintly saline enemata to relieve thirst, though stern treatment from the patient's point of view, is the shortest and best road to relief.

CURRENT LITERATURE REVIEWED.

IN CHARGE OF ELLISON J. MORRIS, M.D., AND SAMUEL M. WILSON, M.D.

IN THE BUFFALO MEDICAL AND SURGICAL JOURNAL

for December, Dr. George E. Clark writes on

Hydrotherapy in Appendicitis.

In articles on appendicitis the use of water is recommended only for the purpose of opening the bowels, but the author has found great benefit from the systematic use of cold-water enemata when the bowels were not inactive.

A series of seven consecutive cases is given, all of which had "localized pain in the right illiac fossa, induration or tumor, McBurney's tender point, fever and furred tongue. Some had vomiting, all had diarrhœa or constipation, or diarrhœa followed by constipation." (Corresponding to Osler's definition of symptoms).

These cases received no medicine except in a few instances where an initial dose of phenacetine was given. All received enemata of cold water at intervals varying from every hour to three times daily and had wet cold compresses applied over the tumor. The rapidity of cure bore a certain relation to the number of enemata given, but the innovation was so strongly objected to by the families of some of the patients that in these instances only two or three injections daily were given. The treatment was usually continued five or six days.

The author states that he does not think this method will cure every case, and thinks operation is necessary in some instances, but some of the cases reported seem to have reached a point where no choice was left before being seen by him.

The probable explanation of this effect of cold water, the author thinks, lies in the fact that the vessels of the rectum and sigmoid flexure are secondarily dilated and actively withdraw blood from the inflamed cæcum.

Dr. A. A. Young writes of

Some Points in the Etiology, Pathology and Indicated Treatment of Diphtheria.

The author regards the disease as primarily a systemic one, and thinks local treatment of the throat as ineffective as the local treatment of a chancre would be (thinking both diseases systemic before locally manifest).

The swelling of the cervical and submaxillary glands he thinks an important diagnostic symptom, as it should be manifest at least as soon as the membrane.

Mechanical obstruction of respiration by membrane is not believed in, but these cases are regarded as primarily due to paralysis of the (general) respiratory nerves; therefore tracheotomy is not advocated in such cases.

The treatment will probably be the use of antitoxine and toxalbumen; but at present pilocarpine is given to increase elimination of poison, corrosive sublimate; not, he expressly states, as a germicide, but to increase the red-blood corpuscles, and sodium chloride, papoid, etc., to assist digestion. Permanganate of potash is used as a gargle as a concession to popular prejudice.

The members discussing the paper thought the disease primarily local, with systemic infection secondarily, tracheotomy was thought to result in the cure of a fair proportion of cases of threatened asphyxia, and the antitoxine treatment was mentioned as a promising one.

Dr. Lawson Tait gives

A Criticism of the "Germ Theory of Disease" Based on the Baconian Method.

The author claims that antiseptic drugs are being relied on without the free ventilation that should accompany them. The results in certain hospitals show that overcrowding and consequent lack of ventilation still give large mortality records, in spite of the use of germ-destroying drugs.

THE SANITARIAN

for December publishes an article on

Drinking-Water and its Relation to Malarial Diseases,

by Dr. Richard W. Lewis.

The author became convinced that since the plasmodium malariæ has been proven present in malaria, this disease must be due to some substance swallowed. The plasmodia are very common in surface water, and personal experience proved that however much he was exposed to mist, night air, etc., he escaped malaria so long as he swallowed none of the surface water.

A number of circulars were sent to physicians and others living in malarial regions, asking for their experience with this disease in relation to drinking-water. The replies varied, but the majority showed that the writers thought the exclusive use of cistern or artesian well water was a decided preventive of malarial infection.

Other papers in this issue are "The Discoverer of the New Specific for Croup and Diphtheria," by Dr. C. W. Chancellor; "The Examination of the Milk Supply for Tuberculosis in the State of New York," by Dr. F. O. Donohue; "Administration of the Medical Law of the State of New York," by Dr. H. M. Paine.

THE JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES

for December. Dr. F. J. Tower writes of

Gouty Deposits of the Testicle.

The author uses the term "testicle" to mean the cord, epididymis, tunics, etc., excepting only the scrotum.

No literature bearing directly on this subject has been discovered by the writer, although various authorities in writing of gout mention epididymitis, orchitis, urethritis, etc., as being sometimes directly due to this disease.

In the cases reported the gouty diathesis was readily proven, uric-acid crystals were obtained once or twice from hydrocele fluid, and there had been no venereal disease. Passing an exploring needle down to the deposits elicited a grating sound, but caused no pain excepting that due to piercing the skin.

The predisposing causes seemed to be (1) an unsupported varicocele; (2) a newly married young man indulging in excessive coitus; (3) a direct inguinal hernia poorly supported by a truss.

No special treatment is advocated, and the prognosis depends on the size of the deposit and the tendency to recurrence of attacks of gout.

Dr. A. L. Gnichtel reports a

Case of Diphtheritic Vulvitis in a Child.

The child was one year old and lived in a house where two fatal cases of diphtheria had recently occurred. The internal labial surfaces and the urethral orifice presented diphtheritic membrane when examined on the fifth day of the child's apparent indisposition.

Bacteriological examination confirmed the diagnosis. The constitutional symptoms developed and the growth disappeared under washes of peroxide of hydrogen and bichloride solution.

Dr. Hermann Goldenberg writes of the

Modified Thompson Test for Urethritis Posterior.

Thompson's test is the examination of the first and last of the urine passed by a patient, collected in separate glasses. It was supposed that if posterior urethritis existed "threads" would be found in both portions; otherwise only in the first.

This having been shown to be unreliable, it was proposed to wash out the anterior urethra with clean water. Then if any pus or threads passed in the urine the posterior urethra would be proven involved.

Lohnstein, of Berlin, criticises this method, claiming that the fluid from the anterior urethra is forced back past the cut-off muscle into the posterior portion, and proved by the Prussian-blue test that this might occur.

The author admits this criticism, but showed, apparently, that this was only the case if an eyed catheter was used in irrigation, a counter-current forming around the eye of the instrument. The method he uses is the introduction of a short glass or hard rubber tube as far as the fossa navicularis, withdrawing a little and then irrigating. Using the ferrocyanide solution in this way and then carefully washing the glans and the prepuce, the blue reaction was not found. He therefore thinks this method perfectly reliable.

Dr. James C. White reports a case of

"So-Called 'Angioma Serpiginosum.'"

The patient is a boy twelve years old, subject to an eruption occupying a belt three inches wide, extending from the right shoulder blade to the nipple.

At birth there was noticed a purplish-red mark, half an inch in its longest diameter, situated near the right scapula. This increased in size until he was four years old, when a second smaller one appeared and since then others.

These spots begin as bright red, slightly elevated points, which gradually increase until they are from an eighth to one-sixth of an inch in diameter and an eighth to one-twelfth of an inch above the general surface, firm in consistence, and partially disappear from long pressure.

These now undergo involution in the center and continue to spread peripherally, losing their regular shape by contact with similar lesions. The central skin retains a purplish color, but otherwise resumes its normal characteristics.

An attempt was made to destroy this growth by Paquelin cautery, but eventually it spread beyond the resulting cicatrices.

Examination microscopically by two experts of a couple of lesions excised for the purpose showed toward the middle of the section a lesion occupying the whole of the derma, consisting of a mass of cells more or less sharply defined at the margins, which are festooned or drawn out into angular trails which seem to form a network by ramification.

The epidermis is unaffected; the papillæ elongated, but not penetrated by the cells; but in the subpapillary stratum there is a nearly continuous layer of these cells. In the corium are to be found streaks, or ovoid masses, parallel to the fibers, and deeper on the border of the hypoderm the masses are abundant and seen in contact with the glomerulus, but never invading the tubes of the gland.

These cells are found to be young connective-tissue cells, and have an evident tendency to group themselves concentrically about centers made up of cells attached at the edges to form a canal.

Being a non-inflammatory new formation of connective tissue, this deserves to be classed as a sarcoma, and the microscopist furnishing the report proposes the name sarcome angioplastique reticule.

American observers examining the other sections compared the tumor to angiosarcoma, without declaring them identical.

Treatment of Impermeable Strictures of the Urethra.

The difficulty that is frequently encountered by surgeons in penetrating very tight urethral strictures has suggested a method of dilating them which others may find of service in their practice. It consists in passing down to the site of the stricture a catheter shaped as a simple cylindrical tube, open at both ends—an ordinary catheter from which the eyed end has been cut off and the edges carefully smoothed does very well—and through this as a guide, introducing the largest instrument, from a filiform bougie upward, which can be made to penetrate the stricture.—*Charles H. Wade in Lancet.*

PERISCOPE.

IN CHARGE OF WM. E. PARKE, A.M., M.D.

MEDICINE

The Value of Chloroform in Internal Medicine.

We are so apt to regard chloroform as a pure anæsthetic when taken by inhalation that many of us are wont to overlook its value as an internal medicament, and as a result of this oversight lose a valuable aid to treatment in many affections, some of which are apt to obstinately resist the ordinary remedial measures. One of the most important applications of chloroform is its internal use for the relief of pain either in the chest or abdomen, pain in the latter region yielding naturally more readily to its influence. Particularly is this the case where the pain is of a griping character, either due to irritability of unstriped muscular tissue in the wall of the intestine or to the presence of irritating foods or large quantities of flatus. Under such circumstances twenty to forty drops of the spirit of chloroform added to two tablespoonfuls of water and perhaps aided by ten to twenty drops of the spirit of camphor is one of the very best prescriptions that we can give. Further than this, those of us who believe in the value of antiseptic medication will recognize the fact that chloroform, under the circumstances which we have named, not only relieves the pain, but acts as one of the most powerful antiseptics which can be taken internally with moderate impunity. It is a well-recognized fact in therapeutics that many volatile substances seem to exercise very considerable power in checking all forms of watery diarrhœa, and where pain in the abdomen is associated with liquid movements chloroform possesses a third scope for usefulness. Not only is it of value in the forms of pain which are due to direct irritation or inflammation in the abdomen, but it is also useful in those pains which are due to nervous disturbance, such, for example, as in ordinary neuralgia of the stomach or true gastralgia. In obstinate vomiting, two to five drops of pure chloroform in a little water, taken in teaspoonful doses, will often act advantageously, and when the vomiting is due to the ingestion of bad food, particularly food which has undergone some decomposition process, it is especially indicated. In the vomiting of pregnancy, with some practitioners, it is held to be the best remedy. Another very valuable application of chloroform is its employment externally in liniments in cases of muscular rheumatism for stiffness of the muscles due to strain or excessive exercise. Possessing as it does not only counter-irritant, but anæsthetic effects, its employment in this manner is most advantageous. Another use to which it is too rarely put is for the production of counter-irritation varying from slight reddening to actual blistering of the skin. Slight reddening is rapidly produced by applying a cloth saturated with chloroform to some portion of the skin so remote from the respiratory apparatus as to avoid inhalation in any large quantity, and the blisters may be formed by placing chloroform on the skin under a watch-glass, so that too rapid evaporation will not take place. For those who are unable to take opium in any combination for the relief of pain in any part of the body, a prescription composed of thirty drops of spirit of chloroform and ten minims of the fluid extract of a good cannabis indica is a valuable prescription.—*Ther. Gaz.*

Chloroform During Sleep.

The following case is of interest as bearing on the question whether a sleeping person can be chloroformed without awakening. The reporter was asked to take two teeth out for a girl aged seven, and as she is very timid and excitable, to give her chloroform. On going to her home he found her lying on her back in bed, sound asleep. Having poured about two drachms, probably more, of chloroform on a folded towel, he gradually brought it to about two or three inches from her mouth and held it there. She went on breathing quite quietly, and neither coughing nor making any unwonted movements. In a very short time she was so well under its influence that her hand fell down when raised and the conjunctiva was insensible to touch. She was then lifted out of bed, carried into another room and laid on a sofa without her giving any sign of consciousness. On opening her mouth, however, she put up her hands and turned her head on the pillow. More chloroform was given, and almost immediately she was in a state of complete anæsthesia and the teeth were extracted. She was easily aroused, but almost momentarily fell again asleep and slept for two hours. When she awoke she was much astonished to find that her teeth were out.—*Ther. Gaz.*

Turpentine Vapors and the Elimination of Uric Acid.

Benoit du Martouret (*Lyon Medicale*) gives the details of two cases—one of arthritism accompanied with right crural neuritis and cardiac arterio-sclerosis, and the other of pyelo-nephritis of calculous origin—in both of which dry turpentine vapor baths produced satisfactory results by distinctly increasing the elimination of uric acid. For these baths the fresh resin of the *pin mugho* was used. In view of the results obtained, the author suggests that cases of pyelo-nephritis due to the presence of calculi might be cured by the treatment alluded to. This will in time so reduce the size of the calculus that it may with ease be voided through the natural passages.

Dr. Brown-Sequard's Orchitic Fluid.

The death of Dr. Brown-Sequard has served to revive in some minds an interest in his orchitic fluid, in which the great physician had himself much hope. The *Lancet* in a recent number publishes some significant notes upon experiments with the fluid made by Dr. Guy M. Wood and Dr. A. J. Whiting, both physicians to the Hospital for the Paralyzed and Epileptic, Queen's Square, London. The fluid was obtained directly from Paris, through Dr. Brown-Sequard's personal kindness. The injections were hypodermic, made with a Koch syringe, kept aseptic in absolute alcohol. The dose was from one gramme of the fluid to six grammes, and in all but three cases diluted with an equal quantity of water. Except when the doses were large, no immediate effects were perceptible. In those some pain was felt at the point of injection. Twenty-three patients were treated. In 18 cases there was no change from the treatment; 3 patients were slightly better; 2 were worse. At the beginning of the observations several patients said they felt better after the injections. At the suggestion of Dr. Buzzard, two women were given daily injections of two grammes of distilled water only for three weeks. Both the patients declared that they felt decidedly better after each treatment, though of course there was no change in the physical condition. The physicians, therefore, conclude that in all the cases treated the sensation of being better was due to the mental effect of the injection and not to the orchitic fluid, and they do not think that the results obtained warrant any further trial of the remedy.

Hydrastinine in Uterine Hemorrhage.

According to Kallmorgan, who has treated during two and a half years 100 patients with hydrastinine, the best results are obtained in the cases of hemorrhage following hematocele, 100 per cent. being cured; in simple menorrhagia, 85 per cent.; in hemorrhage after abortion, 83 per cent.; and in hemorrhage dependent upon disorders of the tubes and ovaries, 75 per cent. Less satisfactory was the treatment of chronic endometritis, and little or no influence of the drug could be observed in cases of hemorrhage during pregnancy or arising from myoma and carcinoma. The remedy was administered by the mouth in the form of pill, the dose varying from one-half to one grain three times daily. The by-effects were only slight—occasional stomachache or nausea. No other therapeutic treatment accompanied that with hydrastinine.—*Med. Chronicle.*

Menthol in Diphtheria.

F. Kastorsky (*Brit. Med. Jour.*) reports 37 cases of diphtheria (in 3 adults and 34 children) treated and cured by painting with a 10 per cent alcoholic solution of menthol. The paintings (by means of a piece of cotton wool) were usually carried out three times daily. In some cases, however, a single free application was followed by a complete disappearance of false membranes within two days. A marked improvement in the patient's general condition was invariably noticed from the beginning of the treatment. The same simple method was successfully practiced by the author in numerous cases of anginas of various forms, and by Trutovsky in a group of cases of scarlatinal diphtheria.—*Maryland Med. Jour.*

SURGERY.

Hydrotherapy in Fractures.

More than twenty years ago the writer adopted the practice of treating fractured limbs for a short time with various applications of water before putting the parts into a permanent dressing. By this means it is found possible to avoid much of the pain, swelling and discomfort which the patient usually suffers during the first few days after the application of the dressing, and to secure more speedy and complete union, with less disability of the overlying muscles and the contiguous joints. We have frequently found hot fomentations most useful in these cases. The application of hot fomentations, or soaking the affected parts in hot water for an hour or two, almost invariably has the effect to relieve pain from circulation in the contused vessels, to prevent swelling, to overcome muscular spasm and rigidity, and to promote the recovery of the patient. If there is much displacement of the fragments it is, of course, important that the parts should be drawn as nearly as possible into position. The parts can be retained by a temporary pasteboard splint and light bandage during the application until the permanent dressing is applied. Dr. T. Morton, of Philadelphia, recently reported a case (*New Eng. Med. Monthly*) in which an ununited fracture of the leg was made to unite three or four months after the accident occurred by applications of hot water and massage.—*Mod. Med.*

Fin de Siecle Treatment of Gonorrhœa.

Among the numerous suggestions on the treatment of gonorrhœa with which the medical press abounds, none has appeared which is so entirely unique as that presented by Dr. Burnside Foster in a recent issue of the *Journal of Cutaneous and Genito-Urinary Diseases.* The method proposed is described as follows by the author: "As soon as may be after we have established the diagnosis of a first gonorrhœa, the patient should be etherized and properly prepared, a button-hole opening made in the perineum and drainage of the bladder established. Through a properly contrived apparatus the anterior urethra could then be thoroughly flushed with any antiseptic or cleaning fluid and treated on surgical principles. The details of the local treatment would vary with the fancy of the operator. The feasibility of packing and distending the anterior urethra with iodoform gauze suggests itself to me; but any one of a great number of methods would doubtless be efficacious."

Functional Troubles Following Old Fractures of the Patella.

After a careful study of this subject Choux (*Rev. de Chir.*) comes to the following conclusions:

1. The functional troubles consequent upon old fractures of the patella are either insufficient extension or flexion.
2. The difficulty in extension is due less to the atrophy of the triceps muscle than it is to the momentary physiological inability of the muscle to act efficiently upon the lower fragment of the patella.
3. The difficulty in flexion is dependent on the fibro-articular thickenings, which are themselves due to the retraction of the patella tendon and to the method of union between the fragments.
4. Of the five modes of union, as generally divided, two types alone are capable of interfering with flexion; they are the short but stiff osseous or fibrous union and the fibrous union with 2 to 5 cm. separation of the fragments.
5. The prognosis in incomplete extension may be doubtful for several years, but restoration of function is generally the rule. Intra-osseous suture of the fragments is indicated in cases where the spontaneous re-establishment of function is not realized after a reasonable length of time.
6. In regard to partial ankylosis resulting almost always from short, rigid union between the fragments, either osseous or fibrous, but increasing the length of the patella 2 or 3 cm., he considers the removal of one of the two fragments the only possible means of overcoming the functional difficulty, unless these types are transformed, as often happens, into types more favorable to flexion.
7. The articular inflammatory thickenings, which often disappear, should be held under observation for from twelve to fourteen months, and are eminently fitted for the hydrothermal treatment as used in the hospital of Bourbonne.—*Amer. Jour. of the Med. Sci.*

Cautery for Furuncle.

Loewenberg (*Bull. Medicale*) recommends to abort furuncle the employment of the galvanic cautery, using a fine platinum point, 1 cm. long and not over 1 mm. in diameter. When the developing furuncle is recognized by a light area surrounding one of the hair follicles and special sensitiveness to the touch, the cautery point is brought to a white heat and is thrust into the center of the areola deep enough to reach the bottom of the hair follicle, and is left there an instant in that position before it is withdrawn. He has especially applied this method to the furuncle of the ear, and claims for it a prompt action in checking the formation of new centers of inflammation.

New Means of Local Anæsthesia.

One Dr. K. L. Schleich, of Austria, claims to have discovered that absolute immunity from pain, even during protracted operations, may be obtained by subcutaneous injections of a sugar or salt solution, or of merely cold distilled water; that the results induced are to all intents and purposes identical with those obtained by like employment of cocaine. He adds:

The patient may remain perfectly conscious during the amputation of hand and foot without undergoing the tortures so often inflicted upon the battle-field or the exceptional dangers of syncope ever present in the operating-room when general narcosis is resorted to.

It is declared that this discovery has already borne the test of several experiments and is about to be applied in the hospitals of Vienna. The explanation of the phenomenon is:

Local insensibility to pain is induced in the case of cocaine by purely chemical changes, while cold water and solutions of sugar and salt act mechanically through high pressure and low temperature. Under the influence of high pressure and sudden low temperature the blood and lymph are driven from the places operated upon to where the pressure is less. The tissues are thus deprived of their supply of blood and temporary paralysis of nerves results.

The foregoing seems to have met with favor in numerous quarters, and in one instance at least a surgeon of authority affirms that "its importance is all the more undoubted, seeing that if in a given case cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove certainly efficacious."

Whether true or false, it is hardly probable that surgeons will give up the use of cocaine, which is deemed certain, in favor of a method which will always be apt to carry with it a feeling of indefiniteness.—*Medical Age.*

Treatment of Pruritus Ani.

Dr. A. Berger states that the following method immediately relieves the itching and causes a rapid disappearance of the eczema of the perineum and scrotum which frequently exists in these cases: A cotton pledget 2 or 3 cm. ($\frac{3}{4}$ to $1\frac{1}{2}$ inches) in length and steeped in a 2 per cent. solution of hydrochlorate of lime is introduced into the anus. This pledget is allowed to remain until there is a slightly smarting sensation, when it is immediately withdrawn and the anal region washed with the same solution, taking care not to wipe it off afterward.—*Intern. Jour. of Surg.*

Chronic Hernia.

Dr. Bishop (*Lancet*) states:

1. That chronic and acute hernia are absolutely different things, agreeing only in the fact that they are both protrusions of viscera through their normal environments.
2. That they differ in etiology, pathology and course.
3. That, especially from the point of view of radical cure, it is important to distinguish between them.

4. That in discussing the feasibility of operations for radical cure, and especially the permanency of their results, the etiology of chronic hernia is of immense importance, since an operation for the cure of the results of the cause is almost certain to be useless while the cause remains in operation; and if the cause can be found, the patient may be moved to avoid it after the operation has been performed, in order that permanency may be rendered more probable.

5. That in the case of chronic hernia the cause is never one acting suddenly and singly, as overlifting, strains, falls, etc., but always acting slowly, persistently, gently, habitually (such causes are difficulties in urination and defecation, certain occupations, and, chiefly and most prominently, coughing in all its forms).

6. That the claims of any operation for radical cure of chronic hernia cannot at present be properly estimated, and that they never can be unless acute and chronic hernia are absolutely separated and the true effective causes of them are duly appreciated, other causes being previously carefully eliminated.

Renal Section in the Treatment of Certain Forms of Anuria.

At the meeting of the French Surgical Congress M. Picque, of Paris, said: "A woman having an inoperable cancer of the womb suffered for thirteen days from an absolute anuria which at last was accompanied by œdema and vomiting. The left kidney was of increased size. The anuria was evidently due to compression of the left ureter with reflex paralysis of the right kidney. I incised the left kidney and packed the wound with iodoform gauze. The urine escaped by this route and the symptoms of uræmia disappeared. The kidney was healthy. The patient's life was by this operation prolonged for several months, and the right kidney resumed its functions. Three years ago M. Pozzi had performed a similar operation in a case of obstruction of the ureter in consequence of a vaginal hysterectomy. The results were very satisfactory."

M. Broca stated that in a case of cancer of the bladder, simulating exactly a calculus of the left kidney and diagnosticated as such by M. Guyon, he had incised the organ and found the kidney healthy. The secretion of the urine by the right kidney was re-established, the loss of function upon that side having been reflex and dependent upon obstruction of the left ureter by the cancer. The patient was benefited by the error of diagnosis, and the results corresponded with those obtained by M. Picque.—*Le Bulletin Medical.*

OBSTETRICS.

Hemorrhage in Pregnancy.

Cases are by no means rare where slight hemorrhage, or something resembling menstrual flux, occurs at the time for the regular catamenial period for the first two months of pregnancy, and in some cases extends during the entire period. This condition does not necessarily indicate placenta prævia, for where that exists Playfair says the hemorrhage rarely begins before the end of the sixth month, and sometimes not till labor has commenced. Depaul, in 70 cases, says in 1 case only the hemorrhage occurred before the sixth month; in 7 from six to seven months; in 12 from seven to eight months; in 26 from eight to nine months; and in 24 at term or near. A month before actual labor it is not unusual for slight pains, resembling labor pains, to occur at regular intervals, even with the slight appearance of blood. Of course in these cases the strictest rest should be enjoined and, if necessary, some remedy used to check the pain.—*N. Y. Med. Times.*

NOSE AND THROAT.

Spray for the Nose and Throat.

In Part Second of "Saunders' Question Compends," No. 14, second edition, just issued, Dr. E. B. Gleason recommends for the purpose of spraying the nose and throat the following formula: Antipyrin, grs. xvj; aquæ, fl. ℥ j.

He says: A solution of antipyrin of the above strength, when sprayed upon the mucous membrane of the nose, pharynx or larynx, has the power of contracting the capillaries and producing an artificial anemia, which effect is maintained for three to five hours. The above solution may be used with the atomizer in all acute inflammations of the mucous membrane of the upper respiratory tract. When used after the application of cocaine to the interior of the nose, it will maintain the contractile effect of that drug upon the rectile tissue for several hours; when sprayed upon the nasal mucous membrane without the previous application of cocaine, it gives rise to a smarting sensation, which, however, quickly subsides. Applied as a spray within the larynx by means of an atomizer, it contracts the blood-vessels of the laryngeal mucous membrane and diminishes secretion, cough and expectoration. It is extremely valuable as a remedy for the night cough of laryngitis phthisica, often securing a night's rest for such patients, who may be provided with an ordinary hand-atomizer filled with a solution of antipyrin and instructed to inhale its spray as often as is required to control the cough.

GYNECOLOGY.

Palliative Treatment of Uterine Cancer.

Boldt (*Archiv. of Gyn.*), speaking of cases where operation is impracticable as the malignant deposit cannot be removed entire, recommends as the best form of treatment curetting and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc will also prove beneficial. If rigid antiseptic precautions be

taken, piercing of the uterus by the curette may do no harm. The uterus is first curetted, then the cavity is repeatedly sponged with a mixture of commercial acetic acid (1 dram), glycerine (3 drams) and carbolic acid (20 grains). Lastly the cavity is packed with absorbent wool.

Cauterizing Ovaries Instead of Removal of Them.

Dr. Pozzi, at Hopital Broca, has now practiced cauterization of painful ovaries for over two years, and considers the plan very successful. In one case, in which he operated upon both ovaries, the woman has since given birth to a child. He performs his laparotomies in the ordinary recumbent position; draws the ovaries out of the abdominal opening. If the ovary is totally diseased he removes it, but if a part is found to be healthy he amputates the affected portion, cauterizes the stump, then sews the end with silk. If there are some small cysts he opens them by touching with the Paquelin point. The ovary being returned to the abdomen, he examines and treats the other in a similar manner. Often as many as six small cysts are opened in this way in each ovary.—*Paris Cor. Ther. Gaz.*

Pelvic Examinations in Stout Women.

Abdominal palpation is usually not a difficult procedure in thin women with flaccid muscles, but in the stout it is not an easy matter to map out any condition of the uterus or ovaries. Dr. Harris A. Slocum explains in the *Philadelphia Polyclinic* a method of palpation to be used in the most obese. He has noticed even in the stoutest women a narrow zone where the fat in the abdominal muscles is very spare and through which examinations may be made with the greatest satisfaction. The fat on the abdominal wall is thickest in the region of the umbilicus, thinning off toward the flanks.

Here, he says, a careful examination will show in any woman a depressed, curved line running from one anterior iliac spine to the other, with its convexity toward the mons veneris. At and near this groove little fat will be found. By placing the finger-tips in this groove and depressing, the abdominal organs may be felt and the fat may be pushed before the hand and kept out of the way. In intestines distended with gas or when the corset or dress is tight, this manipulation cannot be well carried out. Everything should be loosened and the most comfortable position assumed, when the examination will be much easier than usual in stout women.

PHYSIOLOGY.

The Process of Going to Sleep.

"Order is heaven's first law," and the truth is manifested even in the process of going to sleep. When a man drops off to sleep his body does not do so all at once, so to speak. Some senses become dormant before others, and always in the same order. As he becomes drowsy the eyes close and the sense of seeing is at rest. It is quickly followed by the disappearance of the sense of taste. He next loses the sense of smell, and then, after a short interval, the tympanum becomes insensible to sound, or rather the nerves which run to the brain from it fail to arouse any sense of hearing. The last sense to leave is that of touch, and in some hypersensitive people it is hardly ever dormant. Even in their case, however, there is no discriminating power or sense of what touched them. This sense is also the first to return upon awakening. Then hearing follows suit, after that taste, and then the eye becomes able to flash impressions back to the brain. The sense of smell, oddly enough, though it is by no means the first to go, is the last to come back. The same gradual loss of power is observed in the muscles and sinews as well as in the senses. Slumber begins at the feet and slowly spreads up the limbs and trunk until it reaches the brain, when unconsciousness is complete and the whole body is at rest. This is why sleep is impossible when the feet are cold.—*Cincinnati Med. Jour.*

The Physiological Effects of Cycling.

The physiological effects of cycling have recently been studied by Dr. Blazhevitch, of St. Petersburg, who publishes his results in his "Graduation Dissertation" (*Med. Rec.*). He tabulates 270 observations on 104 individuals of both sexes and various ages, distinguishing between ordinary riders and those who train themselves for and ride in races or attempt to cover long distances. He finds that the play of the chest is diminished immediately after riding, especially in the cases of women and children and of men racing or commencing cycling, the diminution amounting in these cases to from 1 to 1.5 cm. In men accustomed to the exercise the effect was scarcely perceptible. The general effect of the summer's riding upon the male votaries of the sport was, according to Dr. Blazhevitch, practically nothing. In women and children the effect was slightly to increase the vital capacity. The arm power was found to have increased more than the leg power in young persons and in beginners, but in the case of men of mature age who had previously been accustomed to cycling this was not so evident. Speaking generally, the effects of cycling on the system were found to be very similar to the phenomena noticed by Tsymkovski in soldiers who had been running and by Gruzdeff and Passover as resulting from rowing.

Function of Ciliated Epithelium of the Tubes.

Dode's experiments seem to carry out the theory of Tait as to ectopic pregnancy being the result of former tubal trouble with the destruction of the ciliated epithelial lining (*Arch. f. Gynek.*). He injected an emulsion of charcoal into the abdomen of a rabbit

and after several hours found the tubes filling with the particles of the charcoal. He then used the ova of the Ascaris lumbricoides Suis, injecting them into the abdominal cavity. In twelve hours large numbers of these ova could be seen in the tubes. This seems to prove that the ciliary currents cause ova not only to go from the ovary directly to the uterus, when the fimbriated extremity of the tubes has received it directly from the ovary, but that in case it escapes into the abdomen a like course will be taken, and uterine pregnancy is impossible if the tubes are normal.

BACTERIOLOGY.

What We Are Coming To.

(Public School, first grade, A.D. 1905.)

Teacher (to applicant for admission)—"Johnnie, have you got a certificate of vaccination for small-pox?"

"Yes, sir."

"Have you been inoculated for croup?"

"Yes, sir."

"Been treated with diphtheria serum?"

"Yes, sir."

"Had your arm scratched with cholera bacilli?"

"Yes, sir."

"Have you a written guarantee that you are proof against whooping-cough, measles, mumps, scarlet fever and old age?"

"Yes, sir."

"Have you your own private drinking-cup?"

"Yes, sir."

"Do you promise not to exchange sponges with the boy next to you and never use any but your own pencil?"

"Yes, sir."

"Will you agree to have your books fumigated with sulphur and sprinkle your clothes with chloride of lime once a week?"

"Yes, sir."

"Johnnie, you have met the first requirements of the modern sanitarians and may now climb over yonder rail, occupy an isolated aluminium seat and begin making P's and Q's as your first lesson."—*Times and Register.*

Recent Discoveries in Relation to Bacteria.

Dr. Edward Long Fox, in his admirable address as president of the British Medical Association, at its recent annual meeting, summed up some of the most important recent advances in the science of bacteriology as follows:

"It is well known now that abscesses caused by staphylococci have a tendency to remain localized, while those from streptococci are often followed by metastatic abscesses, as in erysipelas, puerperal fever and ulcerative endocarditis. We know now that the tubercle bacillus is found in chronic bone disease; and that if this bacillus exists alone, the disease is a chronic one, while if the streptococcus pyogenes is present also, the disease is more quickly fatal; that the suppurations accompanying tuberculosis are due partly to the tubercle bacillus itself, or rather to the poisons resulting from the action of that bacillus, but partly also to other micro-organisms; that the bacillus diphtheriæ is found chiefly on the surface of the false membrane, and that the fatality of that disease depends on the poison secreted by the bacillus diphtheriæ while the presence of streptococci renders the disease more grave, the increased virulence being due to the existence of both these organisms together.

"We find that acute pneumonia is caused by the pneumococcus of Talamon-Fraenkel, although often associated with the streptococcus pyogenes. This pneumococcus, too, may produce abscesses in patients free from pneumonia, as in purulent pleurisy, ulcerative endocarditis and suppuration of the nasal fossæ. The fact that this microbe exists in the saliva of healthy people proves that these diseases have also a non-microbial element. Some condition of the sympathetic, influencing the caliber of the blood-vessels, or some morbid condition of the vagus or of the accelerator nerves, or some inherited vulnerability, with all its possibilities, must probably be precedent factors.

"The typhoid bacillus is often accompanied by other micro organisms, especially the streptococcus pyogenes or the staphylococcus aureus and albus."—*Mod. Med.*

NEWS AND MISCELLANY.

Reduced Rates for Christmas and New Year's.

The B. & O. R. R. Co. announces that excursion tickets will be sold between all stations on its lines east of the Ohio River during Christmas and New Year holidays, at reduced rates, for all trains December 22, 23, 24, 25, 29, 30, 31, and January 1, 1895, valid for return passage until January 3, 1895, inclusive.—3t

PEACOCK'S BROMIDES

(CHEMICALLY PURE.)

Each fluid drachm represents 15 grains of Combined Bromides.

Uses: Uterine Congestion, Headache, Epilepsy, and all Congestive, Convulsive and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

AVOID THE USE OF COMMERCIAL BROMIDE SUBSTITUTES.

CHIONIA FROM CHIONANTHUS.

USES:

ALL DISEASES CAUSED BY HEPATIC TORPOR.

Does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE.—One Fluid Drachm three times a day.

PEACOCK CHEMICAL CO., - ST. LOUIS.

SENG ACTIVE CONSTITUENTS OF Panax Schinseng (Manchuria)

FOR

INDIGESTION AND MALNUTRITION.

Specially indicated in Phthisis and other Wasting Diseases.

DOSE.—One or more teaspoonfuls three times a day. For Babies, one to ten drops during each feeding.

CACTINA PILLETS

INDICATED IN ABNORMAL HEART ACTION.

Given with Antipyretics TO PREVENT Cardiac Depression.

☞Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

SULTAN DRUG CO., St. Louis and London.

MEDICAL DEPARTMENT OF THE COLUMBIAN UNIVERSITY.

WASHINGTON, D. C.

ANNOUNCEMENT, 1894—'95.

The Seventy-third Session will begin October 1st, 1894, and continue seven months. Graded four year course required Ample clinical facilities.

FACULTY:

J. F. THOMPSON, Surgery.
W. W. JOHNSTON, Practice.
A. F. A. KING, Obstetrics
E. A. De SCHWEINITZ, Chemistry.
WM P. CARR, Physiology.
D. W. PRENTISS, Therapeutics.
D. K. CHUTE, Anatomy.
H. C. YARROW, Dermatology.
G. B. HARRISON, Pediatrics.
THEO. SMITH, Bacteriology and Hygiene.
T. E. McARDLE, Minor Surgery.

H. L. E. JOHNSON, Gynæcology.
W. M. GRAY, Pathological Histology.
W. A. MOORE, Normal Histology.
W. K. BUTLER, Ophthalmology.
S. RUFFIN, Medical Jurisprudence.
C. W. RICHARDSON, Laryngology and Otology.
A. C. PATTERSON, Mental Diseases.
E. L. TOMPKINS, Neurology.
JOHN VAN RENSSELAER, Surgical Pathology.
A. R. SHANDS, Orthopedic Surgery.

For circulars, address DR. D. K. CHUTE, Dean,
DR. E. A. De SCHWEINITZ, Secretary and Treasurer, 1325 H Street, N. W., Washington, D. C.

WESTERN PENNSYLVANIA MEDICAL COLLEGE.

Medical Department of the Western University of Pennsylvania.

REGULAR SESSION begins third Tuesday in September, 1894—lasts six months. Spring Session begins second Tuesday in April, 1895—lasts ten weeks. Three years' graded course. Four years required after April, 1895 Unequalled Hospital and Dispensary advantages. Thoroughly equipped Laboratories. Clinical instruction regularly, and opportunities unsurpassed For particulars, see announcement—address Prof. T. M. T. McKENNAN, Sec. Faculty, 810 Penn Avenue, Pittsburgh.

Business correspondence should be addressed to Prof W J ASDALE, Sec. Board of Trustees, Ellsworth Avenue, East End, Pittsburgh, Pa.

THE BALTIMORE MEDICAL COLLEGE.

PRELIMINARY FALL COURSE begins September 1st; REGULAR WINTER COURSE begins October 1st.

EXCELLENT TEACHING FACILITIES: Magnificent New College Building; Superb Lecture Halls; large and completely equipped Laboratories; capacious Hospital and Dispensary; Lying-in-Department for teaching Clinical Obstetrics; Large Clinics.

Send for Catalogue, and address
DAVID STREETT, M. D., Dean,
403 N. Exeter St., Baltimore, Md.

College of Physicians and Surgeons.

BOSTON, MASS.

Equal privileges for both sexes. Hospitals and Dispensaries directly connected. Fifteenth year opens Sept. 19. AUGUSTUS P. CLARKE, A. M., M. D., Dean, *(Send for Catalogue.)* 517 Shawmut Avenue.

Kola
Sterculia Acuminata
A POWERFUL TONIC STIMULANT

WE ARE HEADQUARTERS FOR THE DRUG, having introduced it to the Medical Profession in the United States in 1881. Our **Scientific Department** has issued a beautiful illustrated monograph on Kola which we will mail to any physician interested on request.

KOLA CORDIAL (STEARNS) AND KOLAVIN

are two of our preparations which permit of the administration of Kola in a concentrated palatable form.

SEND FOR LITERATURE AND SAMPLES.

F. STEARNS & CO.
Manfg. Pharmacists,
DETROIT, - MICH.

FOR
FOR

GONORRHOEA
GONORRHOEA

RICORD'S URETHRAL BOUGIES
RICORD'S URETHRAL BOUGIES

THEY MELT EASILY AT THE TEMPERATURE OF THE BODY.

FORMULA.—Each suppository contains: Sulph. Zinc 1-50 gr.; Acet. Lead 1-25 gr.; Sulph. Morphia 1-25 gr.; Ext. Belladonna 1-25 gr.; Ext. Eucalyptus Globulus 1 gr.; Iodole ½ gr.; Butter of Cacao 12 gr.

A sample dozen sent free to Physicians upon application and mention of Medical and Surgical Reporter.

HALL & RUCKEL, Wholesale Druggists,
218 Greenwich St., New York.

SEWANEE MEDICAL COLLEGE,

Medical Department University of the South,

At SEWANEE, TENN.,

On the Cumberland Plateau,
2,300 Feet Above Sea Level,

Will henceforth teach ANNUAL TERMS of ten months, divided into two courses of twenty weeks each.

Will admit students to examination for graduation after attendance upon two such Annual Terms.

Will accept attendance upon other colleges in lieu of Junior Term, or one course thereof.

Will admit students who have attended two Six Months' Courses in acceptable colleges to final examination at the end of six months.

Facilities unsurpassed. Course thorough. Next term opens March 7, 1895, and closes December 12, 1895. For further information, address

J. S. CAIN, M.D., Dean, Nashville, Tenn.

EVERY PHYSICIAN KNOWS THE MERITS OF
McARTHUR'S SYRUP
HYPOPHOSPHITES
EFFICIENT and RELIABLE IN THROAT AND LUNG AFFECTIONS
(LIME & SODA) AND GENERAL DEBILITY.
◆ BEST ◆ PREPARATION IN ELEGANCE AND EFFECTS.
COMP. ©
Pamphlet on the uses and effects of the Hypophosphites sent free.
McARTHUR HYPOPHOSPHITE CO., BOSTON.
CHEMICALLY PURE.
12 oz. for ONE DOLLAR.

PHYSICIANS PRESCRIBE
GRANULATED EFFERVESCENT
ALKALITHIA
K. & M. FOR K. & M.
RHEUMATISM,
Gonorrhea, Cystitis, Lucorrhoea, &c., with the Best Results.
SPECIFY "KEASBEY & MATTISON" WHEN PRESCRIB NG.
KEASBEY & MATTISON CO.,
AMBLER, PENNA.

BINDERS
FOR THE REPORTER.
Each Binder will hold copies of the Reporter for six months.
"The Medical and Surgical Reporter" stamped in gilt on the back.
PRICE, 50 CENTS.
PLEASE SEND MONEY WITH ORDER.
Address,
The Medical and Surgical Reporter

TERRACE BANK SANITORIUM
Dr. R. S. Sutton's Private Institution for the Treatment of Diseases of Women.
Room, Board and Nursing, $15 to $35 per week. Address,
170 RIDGE AVENUE, ALLEGHENY, PA.

Lightning
DESTROYS!
Shall it be Your House or a Pound of Copper?
Entirely new departure in protecting buildings from lightning.
Patents of N. D. C. Hodges,
Editor of Science.
Send for circulars. Agents wanted.
AMERICAN LIGHTNING PROTECTION CO.,
874 Broadway, New York.

THE STANDARD HYPNOTIC,

BROMIDIA.

Dose—One-half to one fld. drachm in water or syrup.

THE STANDARD ANODYNE,

PAPINE.

Dose—One fld. drachm, represents ⅛ gr. morphia in anodyne principle, minus its constipating effect.

THE STANDARD ALTERATIVE

IODIA.

Dose—One or two fld. drachms as indicated.

Clinical reports from eminent physicians throughout the World furnished on application.

BATTLE & CO.

CHEMISTS' CORPORATION,

ST. LOUIS, MO., U. S. A.

The Journal of the American Medical Association

86 FIFTH AVENUE, CHICAGO, ILL.

DEAR DOCTOR:

In the interest of a united profession we earnestly solicit YOU to become a subscriber to the Association JOURNAL. It contains all the medical news and is devoted wholly to your interests. It has become the largest medical weekly in the United States, and it will rival any published in any part of the world when the profession of America unitedly support their JOURNAL, the Mechanical Department of which is now unsurpassed. Copies until the end of the year FREE to new subscribers. SUBSCRIBE NOW.

By direction of the Trustees.

THE EDITOR.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

SHOULD RECEIVE THE SUPPORT

OF ALL AMERICAN PHYSICIANS BECAUSE

It contains all papers read at the annual meetings by representative medical men of the United States;
It contains all the medical news;
It contains the cream of current medical literature;
It contains the highest class of medical advertisements;
It is owned and managed by the ASSOCIATION;
It is a Weekly Journal, written for by medical men;
It is edited by medical men;
It is published for medical men;
It can be subscribed for at any time by any one.

The Journal of the American Medical Association is Published at 86 Fifth Ave., Chicago, Ill., U.S.A.

Costs subscribers only $5.00 a year; single number 10 cents.

Sample copy sent on request.

Please mention THE REPORTER.

NERVOUS EXHAUSTION.

HORSFORD'S ACID PHOSPHATE

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain-workers, professional men, teachers, students, etc.; in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

Dr. Edwin F. Vose, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full-size bottle without expense, except express charges.

Prepared according to the directions of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

NEW VOLUME READY

Quain's Elements of Anatomy.

Edited by EDWARD ALBERT SCHAFER, F.R.S., and GEORGE DANCER THANE. In three volumes. TENTH EDITION.

Vol. III, Part III. Organs of the Senses. By Professor Schafer. Illustrated by 178 Engravings. $3.00.

NOTE.—The second part of Vol. III (Peripheral Nerves is not yet ready, but will be issued shortly. The fourth part (Visceral Anatomy is an active preparation, and will complete the work.

Micro-Organisms in Water:

Their Significance, Identification and Removal. Together with an Account of the Bacteriological Methods involved in their Investigation. Specially designed for the Use of those connected with the Sanitary Aspects of Water-Supply.

By PERCY FRANKLAND, Ph.D., B.Sc. (Lond.), F.R.S., and Mrs. PERCY FRANKLAND. With 2 Plates and 28 Illustrations in the text. Demy 8vo, 544 pages, $5.00.

"The beginner in the study of bacteriology, as well as he who is specially interested in its limitation to the examination of water, will find this book satisfactory in character and extent. It gives a survey of all the more important general methods of bacteriological study, describing in detail those which are specially applicable to the examination of water; secondly, it gives an account of the principal results hitherto arrived at by the use of these new bacteriological methods in the study of different kinds of water, and the changes which they undergo through natural and scientific agencies; further, particular attention has been bestowed on the behavior of pathogenic bacteria in water, and a separate chapter has been devoted to the comparatively novel subject of the bactericidal action of light. A feature of very great value is the descriptive list, in the appendix, of the 200 or more micro-organisms which have been found in water."
—*Detroit Pharmaceutical Era.*

For sale by booksellers, or sent, postpaid, by the publishers, on receipt of price.

Longmans, Green & Co., PUBLISHERS

15 E. 16th Street, New York.

Nuclein Solution

FROM YEAST.

PREPARED ACCORDING TO THE FORMULA OF

VICTOR C. VAUGHAN, M.D., PH.D.,

PROFESSOR OF HYGIENE IN THE UNIVERSITY OF MICHIGAN.

Nuclein is a non-poisonous germicide, found in various vegetable and animal cells, also in blood-serum, the bactericidal properties of which are due to this constituent. It increases the number of white blood-corpuscles and stimulates the activity of those organs whose function it is to protect the body against infectious diseases. It has been used with benefit in indolent ulcers, membranous tonsillitis, streptococcus diphtheria, and in INITIAL cases of tuberculosis.

Dose—20 to 60 minims hypodermatically.

WRITE FOR REPRINTS OF PAPERS BY

PROF. VICTOR C. VAUGHAN, M.D., PH.D., AND CHARLES T. M'CLINTOCK, PH.D.

FERRATIN

(BOEHRINGER, B. & S.)

THE FERRUGINOUS ELEMENT OF FOOD.

FERRATIN is not a mechanical mixture of iron or iron-salts with other substances, but a chemical combination of iron and an albumen derivative identical with that found naturally in various foods. Professor Schmiedeberg extracted Ferratin from the liver and other organs of animals and found it TO BE IDENTICAL with Ferratin produced synthetically. He further established the fact that he iron necessary for blood-formation is supplied to the body in THIS FORM IN ALL FOOD, both animal and vegetable, also that Ferratin is PRECISELY THAT FORM of organic iron compound which is thoroughly assimilated by the economy.

FERRATIN has been tried in hospitals and in private practice, and REMARKABLE RESULTS have been obtained, especially in cases of ANÆMIA, CHLOROSIS, NERVOUSNESS, during convalescence, TO STIMULATE APPETITE, etc.

POSOLOGY: For children, daily doses of 0.5 to 1 gramme are sufficient; for adults the daily dose may be increased to 1.5 to 2 grammes (20 to 30 grains) divided into two or three portions; to be taken during or after meals. No special attention to diet is required, but it is advisable to avoid acidulous food.

Send for Sample and Literature.

LACTOPHENIN

(BOEHRINGER B. & S.)

Antipyretic, Antineuralgic, Analgesic.

LACTOPHENIN is a new antipyretic, acting like PHENACETIN, but having over the latter THE ADVANTAGE OF A PRONOUNCED QUIETING EFFECT. Prof. von Jaksch, of Prague, has obtained the MOST SURPRISING RESULTS with LACTOPHENIN in typhoid fever, and has published same in the "Centralblatt fur Innere Medicin," No. 11, March 17, 1894.

LACTOPHENIN has been recommended most earnestly by Dr. A. Jaquet of the City Hospital in Basle, on account of its antipyretic and quieting action. Dr. Jaquet calls Lactophenin THE MOST REMARKABLE OF ALL NEW ANTIPYRETICS.

LACTOPHENIN has also been indorsed by Prof. Schmiedeberg, of Strassburg, Dr. Landowski at the Hotel Dieu, Paris, and numerous other authorities, all of whom have been highly gratified by the results obtained.

The dose is 8 grains, five to six times daily, according to age.

A Sample with Literature Mailed Upon Request.

PARKE, DAVIS & COMPANY,

DETROIT, - NEW YORK, - KANSAS CITY, - U. S. A.,

LONDON. ENG., AND WALKERVILLE, ONT.

PARTURITION.

Aletris Cordial (Rio), given in teaspoonful doses every hour or two AFTER PARTURITION, is the best agent to prevent after-pains and hemorrhage. By its DIRECT tonic action on the uterus, it expels blood clots, closes the uterine sinuses, causes the womb to contract, and prevents subinvolution. In severe cases, it can be combined with ergot in the proportion of one ounce of fluid Ext. Ergot to three ounces Aletris Cordial (Rio). It is the experience of eminent practitioners, in all cases where ergot is indicated, that its action is rendered much more efficacious by combining it with Aletris Cordial (Rio) in the proportions above stated.

DÉVIATION DES RÈGLES.

ALETRIS CORDIAL (Rio) is, perhaps, the most important remedial agent yet known. It is THE remedy for the wrongs of menstruation, by restoring normal functional activity to the uterine apparatus. Prolapsus, Menorrhagia, Leucorrhea, Amenorrhea, Dysmenorrhea, Subinvolution, Metritis, Ovarian Neuralgia, etc., all yield to its beneficial influence. Physicians find a certainty in its action as a uterine tonic, that is peculiar to no other remedy. A special indication for its use IS THE DRAGGING SENSATION in the lower bowels. It quickly restores the strength and waning vitality of chlorotic girls and pregnant women. Habitual miscarriage and the excessive nausea of early pregnancy are effectually prevented by its timely and continued use. In a word, it restores tone to the uterine system, and thus relieves all abnormal conditions.

A full size bottle of ALETRIS CORDIAL will be sent FREE to any Physician who wishes to test it if he will pay the express charges.

RIO CHEMICAL CO., St. Louis.

In Chronic Constipation and

Atonic Dyspepsia use——

LAPACTIC PILLS

S. & D.

Because they are Always

Effective and

NEVER GRIPE

Send to us for Samples

and Literature.

Manufactured Solely by

SHARP & DOHME

(Established 1860.)

Laboratories
BALTIMORE

Western House
CHICAGO

General Offices
NEW YORK

The Demand For

a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

A Perfect Laxative

the California Fig Syrup Company manufactured, from the juice of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

is met by Our Method

of extracting the laxative properties of Senna without retaining the griping principle found in all other preparations or combinations of this drug. This method is known only to us, and all efforts to produce cheap imitations or substitutes may result in injury to a physician's reputation, and will give dissatisfaction to the patient; hence, we trust that when physicians recommend or prescribe "Syrup of Figs" (Syr. Fici Cal.) they will not permit any substitution. The name "Syrup of Figs" was given to this laxative, not because in the process

# of Manufacturing

a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

"SYRUP OF FIGS"

as a laxative is one or two teaspoonfuls given preferably before breakfast or at bed time. From one-half to one tablespoonful acts as a purgative, and may be repeated in six hours if necessary.

"Syrup of Figs" is never sold in bulk. It is put up in two sizes to retail at fifty cents and $1.00 per bottle, and the name "Syrup of Figs" as well as the name of the California Fig Syrup Company is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP COMPANY

SAN FRANCISCO, CAL.

LOUISVILLE, KY. NEW YORK, N. Y.

MELLIN'S FOOD

For Infants and Invalids.

A Soluble Dry Extract of Barley Malt and Wheat, prepared after the formula of the eminent chemist, Baron Justus von Liebig, for the

MODIFICATION OF FRESH COW'S MILK.

MELLIN'S FOOD is entirely free from Starch; the Carbohydrates contained therein are Dextrins and Maltose.

"The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED." *Textbook of Human Physiology, Landois and Sterling.*

"MALTOSE constitutes the end product of the action of diastase, and amylolytic ferments generally, on starch and its congeners."
Physiology of the Carbohydrates, F. W. Pavy, M.D., LL.D., F.R.S.

MELLIN'S FOOD, prepared with FRESH COW'S MILK according to the directions, is a true LIEBIG'S FOOD, and the BEST SUBSTITUTE for Mother's Milk yet produced.

THE DOLIBER-GOODALE CO., BOSTON, MASS.

Dr. J. FEHR'S

"COMPOUND TALCUM" * * * * "BABY POWDER,"

THE

"HYGIENIC DERMAL POWDER"

FOR

INFANTS AND ADULTS.

"Originally investigated and its therapeutic properties discovered in the year 1868, by Dr. Fehr, and introduced to the medical and the pharmaceutical professions in the year 1873."

COMPOSITION:—Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES:—Antiseptic, Antizymotic, and Disinfectant.

Useful as a **GENERAL SPRINKLING POWDER**, with positive Hygienic, Prophylactic, and Therapeutic properties.

GOOD IN ALL AFFECTIONS OF THE SKIN.

PER BOX, PLAIN, 25 Cents; PERFUMED, 50 Cents.
PER DOZ., PLAIN, $1.75; PERFUMED, $3.50.

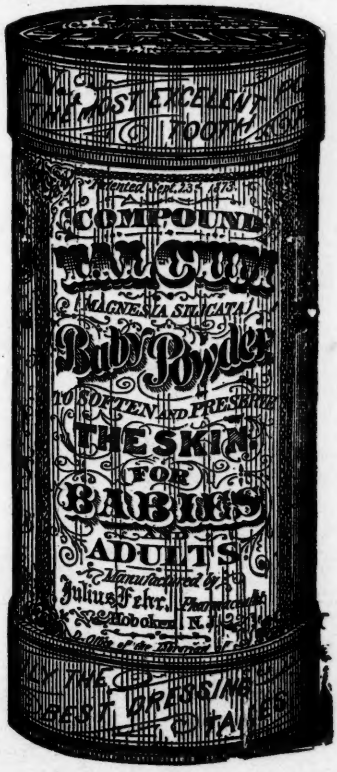
SOLD BY THE DRUG TRADE GENERALLY

MANUFACTURER:

JULIUS FEHR, M.D.,

Ancient Pharmacist, **HOBOKEN, N. J.**

Only advertised in Medical and Pharmaceutical prints.



STRICTLY PROFESSIONAL.

HYDROLEINE

(HYDRATED OIL.)

Produces rapid Increase in Flesh & Strength.

FORMULA.—EACH DOSE CONTAINS:

Pure Cod Liver Oil	80 m. (drops)
Distilled Water	35 "
Soluble Pancreatin	5 Grains.
Soda	¼ "
Salicylic Acid	¼ "

UNIVERSALLY PRESCRIBED.

It is sought to introduce THIS INVALUABLE THERAPEUTIC AGENT exclusively on its MERITS, and for that reason the Profession is appealed to ONLY THROUGH THE COLUMNS OF MEDICAL JOURNALS.

Hydroleine is a purely **scientific preparation** for the cure of **incipient consumption** and **wasting diseases:** its unquestionable success and its **perfect reliability** in cases of EMACIATION occasioned by A DECAY OF THE VITAL TISSUES, makes **Hydroleine** one of the necessary requisites of the successful practitioner It is **thoroughly palatable, easily digested;** and produces rapid increase in **flesh** and **strength.**

The basis of its formula is PURE NORWEGIAN COD LIVER OIL, and one teaspoonful of this preparation will give MORE SATISFACTION than three teaspoonfuls of the many usually prescribed emulsions.

SOLD BY DRUGGISTS GENERALLY.

THE CHARLES N. CRITTENTON CO.
Sole Agents for the United States.
115 & 117 FULTON STREET, NEW YORK

SVAPNIA

OR

PURIFIED OPIUM

FOR PHYSICIANS USE ONLY.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

JOHN FARR, Manufacturing Chemist, New York.
C. N. CRITTENTON, Gen'l Agent, 115 Fulton St., N. Y.
To whom all orders for samples must be addressed.

SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

PHYSICIANS PRESCRIBE

GRANULATED EFFERVESCENT

CAFETONIQUE

K. & M. FOR K. & M.

DYSPEPSIA,

IRITABLE STOMACH. GASTRITIS. HEADACHES. &C.,

WITH THE BEST RESULTS.

Specify "KEASBEY & MATTISON" when Prescribing.

KEASBEY & MATTISON CO.,

AMBLER, PENNA.

Vol. L
Whole

A WI

M

ORIGIN

THOS.
Ren
Cl

JOHN
Sen
in

THOM
A Pr
W

COMM

J. D.
Ren
of

X. O.
Nep
Tw

TRANS

The

EDITO

A B

ABSTR

A C
Sp

CURRE

The
The

to t
obt
Sta

CAR
MAT
CHO
ECZ

labe

DI

LEAD

Vol. LXXI, No. 26.
Whole No 1973.

DECEMBER 29, 1894.

$3.00 per Annum.
10 Cents a Copy.

A WEEKLY JOURNAL.

Established 1853, by S. W. Butler, M. D.

THE MEDICAL AND SURGICAL REPORTER

SUBSCRIPTION PRICE REDUCED TO $3.00 PER ANNUM IN ADVANCE.

HYDROZONE

IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for its Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE.—OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,—INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER,—WOMEN'S WEAKNESSES: WHITES, LEUCORRHŒA,—SKIN DISEASES: ECZEMA, ACNE, ETC.

SEND FOR FREE BOOK OF 152 PAGES GIVING FULL INFORMATION.
PHYSICIANS REMITTING TWENTY-FIVE CENTS POSTAL ORDER WILL RECEIVE FREE SAMPLE BY MAIL.

AVOID IMITATIONS.

HYDROZONE is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border.

GLYCOZONE CURES DISEASES of the STOMACH.

☞ Mention this publication.

PREPARED ONLY BY Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

28 Prince St., New York.

10,000

Physicians in England and America Prescribe

Angier's Petroleum Emulsion with eminent success in the treatment of lung troubles. Do they lose sight of the fact that it is also of the greatest value in diseases of the stomach and bowels, in all diarrhœas (even those of typhoid fever and phthisis), and in marasmus, inanition, wasting diseases of children and diseases of malnutrition generally?

Angier's Petroleum Emulsion

arrests fermentation and prevents putrefactive changes. Its solvent, lubricating and sedative action favors the prompt elimination of irritating, poisonous and effete matter. It is soothing and healing to the inflamed mucous surfaces of both lungs and bowels, and arrests the multiplication of micro-organisms. It markedly aids digestion and the assimilation of other foods. It is pleasant to take and *acceptable to the most delicate stomach*, and is always indicated **IN INTESTINAL DISORDERS.**

A prominent physician writes:

"I know of nothing better, as a dietetic corrective in children's diseases, than Angier's Petroleum Emulsion. I find that it can be taken and assimilated more readily than any infant food or kindred preparation."

Shall we send you literature?

Two sizes: 6 oz., 50c.; 12 oz., $1.00.
Of druggists.

ANGIER CHEMICAL CO.,
Boston, Mass.

BURN BRAE

A PRIVATE HOSPITAL

FOR

MENTAL AND NERVOUS DISEASES.

Founded by the late Robert A. Given, M. D., in 1859.

Extensive and beautiful grounds. Perfect privacy. A pleasant, safe and healthful home. Music, games, open-air amusements. The oldest institution of the kind in the United States. Both sexes received.

ARRANGEMENTS MADE FOR CHRONIC CASES.

Located a few miles west of Philadelphia, at Primos Station, on P. W. & B. Railroad.

REFERENCES:

Professors H. C. Wood, D. Hayes Agnew, Wm. Pepper, Alfred Stille, William Goodell, R. A. F. Penrose J. M. DaCosta, Charles K. Mills, James Tyson and Dr. Lawrence Turnbull; Professor William Osler, of John Hopkins University; W. C. Van Bibber, M. D., Baltimore, Md.; W. W. Lassiter, M. D., Petersburg, Va.

RESIDENT PHYSICIANS: J. WILLOUGHBY PHILLIPS, M. D., S. A. MERCER GIVEN, M. D.

For further information, address, BURN BRAE, Clifton Heights, Delaware Co., Pa.

Farbenfabriken vorm. Friedr. Bayer & Co.'s Pharmaceutical Specialties

An Albumose

SOMATOSE

Food Product

SOMATOSE is a new food-product consisting of the Albumoses and nutrient salts of meat, with a minimum of peptones. It is a powder readily soluble in ordinary fluids, and rapidly assimilated in the organism. Somatose is useful in fevers, gastric affections, phthisis, anæmia, and as an infant food. Supplied in two ounce, quarter, half and one pound tins.

TRIONAL is a nerve sedative and hypnotic which has given satisfactory results in simple agrypnia, mental excitement, and delirium accompanied by obstinate insomnia, and in narcotic habitués. It acts promptly, safely and effectively. When pain exists Trional may be combined with Phenacetine. Supplied in ounces and tablets.

Hypnotic

TRIONAL

Neurotic

Antiseptic

ARISTOL

Cicatrisant

ARISTOL is a convenient, agreeable and effective dressing in major and minor surgery, dentistry, diseases of the eye, ear, nose, and in burns. Aristol adheres closely to wounds and membranes, and may be used in powder, or in the form of ointments, oils, collodions or etherial solutions. It is supplied in ounces only.

LOSOPHAN or Triiodocresol has given excellent results in the treatment of mycotic diseases, such as ringworm, scabies, pityriasis versicolor, the chronic forms of eczema, prurigo, sycosis, acne and pediculosis. Losophan should be thoroughly dissolved in oils, and not simply combined with ointments. It is supplied in ounces only.

Antimycotic

LOSOPHAN

Dermic Stimulant

Antipyretic

PHENACETINE =BAYER

Analgesic Anodyne

PHENACETINE-BAYER is indicated in all acute, inflammatory, febrile conditions, and all forms of pain. It is the safest, while the most active and reliable of the antipyretics and analgesics. Phenacetine-Bayer is supplied in ounces, tablets and pills; also in pills and tablets combined with Salophen, Sulfonal, quinine, caffeine, etc.

Piperazine-Bayer - Europhen - Sulfonal-Bayer - Salophen - Lycetol

PAMPHLETS FORWARDED ON APPLICATION.

W. H. Schieffelin & Co., New York.

A GUARANTEE OF EXCELLENCE

The following preparations are original with and are alone prepared by The Wm. S. Merrell Chemical Co. Their established reputation is based upon the exhibition of the Merrell products in the practice of leading physicians. To avoid disappointment, therefore, physicians are requested to see to it that their patients receive exactly what is prescribed and not some unreliable substitute.

SALICYLIC ACID.
Salicylate Sodium.
TRUE FROM WINTERGREEN OIL.

Especially adapted for internal use. Their introduction marks a progressive step toward a more extended use of chemically pure medicinal agents.

It is acknowledged that

COMMERCIAL SALICYLIC ACID and its SODIUM SALT

are slow but certain poisons.
produce symptoms closely resembling delirium tremens.
patients become delirious.
dangerous to human life.
have to be watched and not to be trusted.
retard convalescence.
should not be administered internally, however much they may have been dialized or purified.

Order and Prescribe { Acid Salicylic—True.—Merrell. / Sodium Salicylate—True.—Merrell.

Ferro-Salicylata
LIQUID.
MERRELL.

An eligible combination of Methyl Salicylate and Tinct Citro-Chloride Iron, in a pleasant and permanent form.

EACH FLUID DRACHM CONTAINS

True Salicylic Acid—from Oil Wintergreen (Methyl Salicylate) ..... 5 grs
Tinct. Citro-Chloride Iron ..... 5 min

NOT SOLD IN BULK.

Ferro-Salicylata may be used in combination with the Iodides and Bromides of Potassium and Sodium. Associated with the former it will prove an admirable alterative and tonic in secondary syphilis attended by a debilitated condition of the general system. It also combines well with Chlorate Potassium, the Hypophosphites, with Fowler's Solution, the vegetable bitter tonics, either in Fluid extract or Tincture form.

Ferro-Salicylata, and all other preparations of the Merrell Company, reach the laity through professional channels only. We therefore avoid entering into the minute details of their application, leaving the physician to make such practical use of our therapeutic notes as, in his judgment, may be best suited to individual cases.

ELIXIR
Pinus Compositus.
MERRELL.

Each Fluid Drachm Contains

White Pine, Fresh Bark ..... 2½ grs
Balm Gilead Buds ..... 2 "
Spikenard ..... 2 "
Cherry Bark ..... 1½ "
Ipecac ..... ½ gr
Sanguinarine Nitrate ..... 1-64 "
Morphine Acetate ..... 1-16 "
Ammonium Chloride ..... ½ "
Chloroform ..... ½ "

NOT SOLD IN BULK.

An admirable combination of well-known and highly approved medical agents: recommended in acute, chronic, and capillary bronchitis, in ordinary coughs and colds, and wherever a "routine" expectorant is suggested.

CAUTION.—Dispensers are reminded that the Elixir Pinus Compositus of this manufacturer is wholly unlike the many syrups, etc., under similar names, and the difference will be readily appreciated when tried. In testing the physical properties of the Elixir Pinus, note especially its delicate taste and perfect freedom from the odor of rank syrup, the drastic, harsh and repulsive characteristics of the crude blood root, and other coarser ingredients characteristic of competing preparations.

GREEN TINCTURE GELSEMIUM.
5778c

(Not Sold in Bulk.)

GREEN ROOT only is used. The menstruum is pure, inodorous spirit, whereby the peculiar, rich aroma and characteristic virtues of the fresh drug are extracted and retained unimpaired. It is a perfect representative of the drug, and to avoid the danger of overdoses in some cases, and the uncertainty of attending the use of inert and imperfect remedies in others Tinct. Gelsemium—Merrell only should be dispensed. It is an agent of wonderfully active therapeutic power, possessing a well defined and uniform standard of medicinal strength.

Merrell Co.'s "Green Drug" Fluid Extracts, Boro-Glyceride, Salts of Hydrastis, Fluid Hydrastis, and all other Specialties may be obtained of wholesale druggists throughout the United States, at the Home Office at Cincinnati, or New York Office, 96 Maiden Lane, New York City.

Prices Current and Printed Matter Cheerfully Supplied.

The Wm. S. Merrell Chemical Co.

CINCINNATI. **NEW YORK.**